



Information for Requesting CMA (AAMA)[®] Certification Exam Special Testing Accommodations

*A publication of the Certifying Board of the
American Association of Medical Assistants[®]*

Instructions

Read this form and complete sections 1 and 2. Mail, fax, or email all required documentation **before applying for the CMA (AAMA)[®] Certification Exam** or together with your completed application:

- Mail:** AAMA Certification Department:
Special Testing Accommodations
20 N. Wacker Dr., Ste. 1575
Chicago, IL 60606
- Fax:** 312/899-1259
- Email:** jbarone@aama-ntl.org
- Subject Line:** CMA (AAMA) Special
Accommodations Documentation

Responses

Allow 15 working days for a response. Possible responses include the following:

- Approval of request
- Request for further documentation
- Denial of your request

Failure to comply with the requirements for submission of the Special Testing Accommodations Request Form (sections 1 and 2) may result in a postponement of your 90-day testing period and additional fees, such as a \$65 transfer fee or full exam fee, as noted in section 2.

Eligible Applicants for Testing Accommodations

In accordance with the Americans with Disabilities Act (ADA), the Certifying Board of the American Association of Medical Assistants[®] (AAMA) provides reasonable and appropriate testing accommodations for eligible applicants with disabilities. An individual with a disability is defined by the ADA as a person who has a physical or mental impairment that substantially limits one or more major life activities (e.g., caring for oneself, performing manual tasks, seeing, breathing, learning, and walking), a person who has a

history or record of such an impairment, or a person who is perceived by others as having such an impairment.

Test anxiety, slow reading, or English as a second language are not covered disabilities under the ADA. Pregnancy is not a disability covered under the ADA; however, if the applicant is experiencing a resulting medical complication, special testing accommodations (STAs) may be considered.

Requests for STAs are reviewed based on the exam applicant's specific request, the nature of the person's disability, the functional limitations related to testing, and supporting documentation. Examples of typical STA requests include extended testing time, distraction-reduced setting, and provision of a reader.

While the Certifying Board will make every effort to fulfill STA requests, it reserves the right to deny or postpone requests that are not considered reasonable relative to the functional limitations of the specific disability and/or may significantly alter the measurement of the skills or knowledge the exam is intended to test or would result in an undue burden.

Required Documentation

Documentation is to be provided by a qualified licensed professional who has made an individualized assessment of the candidate.

Appropriate documentation must include a letter from the professional along with any evaluation that has been conducted to determine and support the diagnosis. Documentation may include copies of previous educational, psychological, or neurological evaluations confirming evidence of a diagnosis that qualifies the candidate for special education or special accommodation services in the educational setting.

The following documentation must be submitted with this form:

- Letter from a qualified licensed professional who has made an individualized assessment of the candidate

- Diagnosis, code via the *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5)*, summary history, and course of the disability
- Description of how the disability substantially limits one or more major life activities (not related to test taking)
- Recommendations for reasonable accommodations due to functional limitations

Questions

Phone: 800/228-2262

Email: CMAExam@aama-ntl.org

Any of the following supplemental documentation may be submitted to support your request:

- Documentation of past accommodations received in an educational setting
- Documentation of current accommodations received in an educational setting

Documenting an Attention-Deficit/Hyperactivity Disorder

A specific diagnosis of attention-deficit/hyperactivity disorder (ADHD) based on the *DSM-5* diagnostic criteria is required. Test anxiety and difficulties with memory, concentration, or organization occurring only on a situational basis do not fit the diagnostic criteria for ADHD.

Due to the challenge of differentiating ADHD from typical developmental patterns and behaviors of adults, including procrastination, disorganization, distractibility, restlessness, boredom, academic underachievement or test failure, low self-esteem, and chronic tardiness or absence, the evaluation must address the intensity and frequency of the symptoms and whether these behaviors constitute significant impairment in contexts other than the educational setting.

At a minimum, the evaluation must:

- Provide a history of presenting symptoms, including evidence of ongoing impulsive/hyperactive or inattentive behavior that has significantly impaired functioning in several life settings (e.g., home, school, or work) over time
- Verify that one or more major life activities are significantly restricted by the disorder
- Describe current functional limitations that are presumably a direct result of the described problems with attention



CMA (AAMA)[®] Certification Exam Section 1

Special Testing Accommodations Request Form

Full Name (with middle initial)

Street Address

City

State

ZIP

Phone (Cell/Home/Work)

Email

Social Security Number (last four digits)

Describe your disability:

Describe how your disability limits one or more of your major life activities:

Have you received special accommodations at school, your workplace, or for another national exam? Yes No

If yes, list examples here, describe accommodations provided and applicable dates, and include a copy of records indicating accommodations with this form:

School:

Workplace (list employer name):

National Exam(s):

Accommodations must be appropriate to the disability and **must be validated on the supporting documentation** provided by the physician or health professional. What accommodations are you requesting for the CMA (AAMA) Certification Exam?

- | | |
|--|---|
| <input type="checkbox"/> Time and one-half | <input type="checkbox"/> Distraction-reduced testing area |
| <input type="checkbox"/> Double-time | <input type="checkbox"/> Other (please specify) |
| <input type="checkbox"/> Reader* | |

* Note that reading technology is not available at test centers. If approved, a reader will be assigned to you to read each test question aloud.



CMA (AAMA)[®] Certification Exam

Section 2

Candidate Agreement

I understand that the AAMA Director of Certification or designated Certification Department staff member will use the information obtained by this authorization to determine eligibility for a reasonable special testing accommodation (STA) in regard to the CMA (AAMA) Certification Exam. I understand that the Certifying Board or Director of Certification reserves the right to make reasonable additional inquiries regarding my disability and previous accommodation(s) before making a determination as to whether to provide the STA(s) I have requested above. I declare that the foregoing statements, and those in any required accompanying documents or statements, are true. I understand that false information may be cause for denial or revocation of certification. I hereby certify that I may be asked to verify this information at any time.

I understand that my completed Request for Special Accommodations Form and the required documentation must be submitted prior to applying for the exam or together with the *CMA (AAMA)[®] Certification Exam Application*. I also understand that failure to do so will result in my being required to pay the \$65 fee to transfer to a new testing period or, if a transfer has previously been processed, I must pay the full exam fee again.

I understand that if the testing accommodations approved for me are not available when I report for my exam appointment and I sit for the exam, it will be counted as one of the three attempts available to candidates. Additionally, I will not request a fourth opportunity to take the exam if I have exhausted the limit of three exam attempts allowed for each candidate.

Candidate signature

Date