



CMA (AAMA) Certification/ Recertification Examination

Information for Requesting Special Accommodations

INSTRUCTIONS

Read the *Information for Requesting Special Accommodations*. Then complete the *Special Testing Accommodations Request Form* (Sections 1 and 2) and mail it with the required documentation prior to applying for the CMA (AAMA) Certification/Recertification Examination or together with your completed application to:

AAMA Special Testing Accommodations
20 N. Wacker Dr., Ste. 1575
Chicago, IL 60606

Allow 15 working days for a response. Possible responses include approval of your request, a request for further documentation, or a 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 as noted in Section 2.

ELIGIBLE APPLICANTS FOR TESTING ACCOMMODATIONS

In accordance with the Americans with Disabilities Act, 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 (STA) 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 validity and integrity of the test administration and the scores derived from the exam.

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 within approximately the past five years 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:

- Diagnosis, DSM code, 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

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

QUESTIONS

Phone: 800/228-2262

E-mail: accommodations@aama-ntl.org



CMA (AAMA) Certification/ Recertification Examination

Special Testing Accommodation Request Form

Section 1: The CMA (AAMA) exam candidate must complete this section.

First name/Middle name or initial/Last name

Mailing address/City/State/ZIP code

Telephone

E-mail

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 and describe accommodations provided and applicable dates: _____

School: _____

Workplace (list employer name): _____

National exam: _____

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) Examination?

- Time and one-half
- Double-time
- Reader

- Distraction-reduced testing area
- Other (please specify)



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Candidate Agreement

Section 2: The CMA (AAMA) exam candidate must read and sign this 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/Recertification Examination. 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 *Candidate Application and Handbook for the CMA (AAMA) Certification/Recertification Examination*. I also understand that failure to do so will result in my being required to pay the fee to transfer to a new testing period or, if a transfer has previously been processed, I must pay the full examination fee again.

I understand that if the testing accommodations approved for me are not available when I report for my examination appointment and I sit for the examination, the results of my examination will be considered valid. 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

Please return completed form to:

AAMA Certification
Attn: Katie Gottwaldt
20 N. Wacker Drive, Suite 1575
Chicago, IL 60606
kgottwaldt@aama-ntl.org