



Reasonable Accommodation Request for Hearing Aid Dispenser Examinations

In compliance with The Americans with Disabilities Act (ADA), Public Law 101-336, the California Fair Employment and Housing Act (FEHA), the Speech-Language Pathology & Audiology & Hearing Aid Dispensers Board (Board) provides "reasonable accommodations" for applicants with disabilities that may affect their ability to take required examinations. It is the applicant's responsibility to notify the Bureau of alternative arrangements needed.

The Board is not required by the ADA to provide special accommodations if we are unaware of your needs. The information required below and any documentation regarding your disability and your need for accommodation in testing will be considered strictly confidential and will not be shared with any outside source without your express written permission.

Name: _____

Address: _____

Daytime Telephone: _____

Disability: _____

Accommodations Requested: _____

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Signature: _____ Date: _____

Requirements for Special Accommodations Request:

If your disability is observable and your request does not involve modifying examination procedures, but is limited to wheelchair space, special seating or equipment needs, it may not be necessary to obtain professional verification.

You are required to submit documents from the health care provider that rendered a diagnosis. Verification must be submitted to the Board on the letterhead stationery of the health care provider and must include the following:

- Description of the disability and limitations related to testing.
- Recommended accommodation/modification.
- Name, title, and telephone number of the health care provider.
- Original signature of the health care provider.
- Professional license or certification number of the health care provider.

If you have previously been granted special testing accommodations by an organization that required documentation to verify your disability, the Board may accept a copy of the verification, provided that you submit the name, address, and telephone number of the health care provider that prepared the documentation.