

**Process for Applicants with Disabilities**

It is the commitment of the United Council of Neurologic Subspecialties (UCNS) to comply with the Americans with Disabilities Act (the ADA), all amendments thereto and any accompanying applicable regulations. Therefore, consistent with and in accordance with the ADA, the UCNS strives to administer its public services, where feasible, in a manner that best ensures equal access to individuals with documented qualifying disabilities who demonstrate and request a need for accommodation(s) or auxiliary aides, provided that the requested accommodation is reasonable, not unduly burdensome, and does not fundamentally alter the measurement of the skills or knowledge being assessed.

The UCNS recognizes that physicians with disabilities may wish access to the UCNS’s certification and/or continuing certification activities and will attempt to make reasonable accommodations for applicants with verified disabilities who follow these procedures. The purpose of accommodations is to provide equal access to obtaining and/or maintaining UCNS certification, not certification itself. As such, no individual will be excused from either taking an examination for certification or the steps required to maintain certification. Nor will an individual be granted an accommodation that would compromise the UCNS’s ability to assess the skills and knowledge the examination or steps required to maintain certification are designed to measure. The UCNS allows appropriate accommodations to best ensure that the results of the examination and/or steps to maintain certification reflect each individual’s proficiency in the content areas, rather than reflecting an individual’s impaired sensory, manual, cognitive, or psychological skills (except where those skills are the factors that the examination or steps to maintain certification purports to measure). While the intent of the use of accommodations is to enable an individual to demonstrate their proficiency in the knowledge being assessed, accommodations are not a guarantee of improved performance, test completion, a passing score, or UCNS certification.

Examinations and/or steps to maintain certification administered with accommodations are not identified or flagged to entities receiving verification of certification. Nor does the UCNS report any information to entities verifying certification about the nature of any individual’s disability or accommodation requested, given, or denied.

Please note that there are specific deadlines for requesting an accommodation to allow for the UCNS to consider the request and, if granted, implement the request in a timely manner. Applicants who request accommodations because of a disability must advise the Board in writing no later than the deadline for submitting applications for examination. All documentation and other evidence substantiating the disability must be submitted at the time of application for examination. Required documentation includes completion of the Application for Testing Accommodations and appropriate checklists contained herein.

The steps to apply for accommodations and the documentation requirements are intended to be limited to the minimum amount of information necessary for the UCNS to determine whether an individual is entitled to the requested accommodation. Documentation requesting reasonable accommodations must identify the nature of the disability, the major life activities affected by the disability, and provide a rationale for the need for the specific requested accommodations to standard procedures. **All supporting medical documentation is the individual’s responsibility and must be prepared, organized, and obtained at the requesting individual’s expense.**

The following items must be included with the certification application and submitted by the application deadline regardless of previous requests and/or granted accommodations.

* Special Testing Accommodations Form (submitted as a pdf),
* All appropriate checklists,
* All supporting documentation, and
* All other evidence substantiating the disability.

Documentation and other evidence substantiating the disability includes, but is not limited to, each of the following:

* A letter and/or report by a qualified professional who has made an individualized assessment of the applicant diagnosing the applicant’s disability and identifying one or more major life activities that the disability substantially limits, including, but not limited to, hearing, seeing, breathing, performing manual tasks, caring for oneself, and/or learning (reading and writing). The diagnosis must be printed on the qualified professional’s letterhead, with the qualified professional’s credentials, address, and telephone number. The diagnosis must include the candidate’s name, date of birth, and date of evaluation, and it must be signed by the qualified professional.
* A history of the disability, including previous settings in which accommodations have been granted. If there is no history of prior accommodations, the examiner must explain why current circumstances necessitate accommodations.
* Diagnostic information about the specified disability using standard nomenclature from sources such as the International Classification of Diseases (ICD) and current edition of the Diagnostic and Statistical Manual of Mental Disorders.
* Specific recommended accommodations with a rationale for why each accommodation is needed. A description of any functional limitations associated with the disability is helpful to the Board’s evaluation of the request.

**Review of Requested Accommodation**

The UCNS Certification Council will conduct a review of the testing accommodation form and all supporting documentation. This review is conducted at no expense to the candidate.

The Council will make reasonable accommodations for individuals with disabilities when there is sufficient evidence of a disability that significantly impairs the individual’s ability to take the assessment under standard conditions. However, auxiliary aids and services, and modifications can only be offered if they do not fundamentally alter the measurement of skills or knowledge that the programs are intended to test or result in an undue burden on our programs.

UCNS will send the applicant a letter of notification of the Council’s decision. If the applicant’s request is not granted, the letter will include the basis for the committee's action. Individuals have the right to request a formal review of a decision not to grant test accommodation.

**Denial of Requested Accommodation**

Any applicant who is denied accommodations may appeal this decision by submitting the following materials to the attention of the Certification Council:

* A written request for a formal appeal of the denial of accommodations
* Additional written information in support of the appeal

The appeal materials must be sent together in a single mailing that is postmarked within 30 days of the original date of notification of accommodations being denied. The appeal materials will be sent to the Certification Council, which will review the materials, deliberate, and make a determination. The determination outcome is final and binding on both the Board and the applicant.

# SPECIAL TESTING ACCOMMODATIONS

# FORM

Last Revised: 09/16/22

## INSTRUCTIONS

All questions must be answered in full. Exact dates (from month/day/year to month/day/year) must be given where requested. This form should be downloaded and completed off-line. The fields should not be altered. By submitting this form, you are affirming you did not alter the fields within this form. The space in text and tables for responses will expand to accommodate your needs. Should you require additional space in specific fields, please e-mail the UCNS. Once completed, submit the form electronically via e-mail to the UCNS at applications@ucns.org. The UCNS will send a confirmation acknowledging receipt of the Special Testing Accommodations Form.

1. Accommodations are requested for which examination:

 [ ]  Autonomic Disorders

[ ]  Behavioral Neurology & Neuropsychiatry

 [ ]  Clinical Neuromuscular Pathology

 [ ]  Interventional Neurology

[ ]  Headache Medicine

[ ]  Neonatal Neurocritical Care

 [ ]  Neurocritical Care

 [ ]  Neuroimaging

 [ ]  Neuro-Oncology

2. Name:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Last: |  | First: |  | MI: |  |
| Date of Birth (MM/DD/YY) |  |

3. Address:

|  |  |
| --- | --- |
| Street: |  |
| City: |  | State: |  | Zip: |  |

4. Nature of Disability (Complete and return checklist A, B, and/or C as indicated:

|  |  |
| --- | --- |
| [ ]  Attention-Deficit/Hyperactivity (A&C) | [ ]  Physical |
| [ ]  Hearing (A) | [ ]  Psychiatric (A) |
| [ ]  Learning (A&B) | [ ]  Visual (A) |
| [ ]  Other (A) (*specify*) |  |

5. In order to document your need for accommodation as completely as possible, please attach, in addition to the professional documentation indicated in the checklists, a personal statement describing your disability and its impact on your daily life and professional practice.

6. How long ago was your disability first professionally diagnosed?

 [ ]  < 1 year [ ]  1-2 years [ ]  3-4 years [ ]  > 4 years

7. What accommodations are you requesting? Accommodations must be appropriate to the disability.

|  |
| --- |
|  |

8. If you are requesting additional time, please indicate the amount of time supported by your documentation.

 [ ]  Double Time [ ]  Other (specify)

|  |
| --- |
|  |

9. Do you require wheelchair access to the examination facility?

 [ ]  YES [ ]  NO

10. Prior test accommodations that you have received:

**A. Standardized Examinations**

 [ ]  Medical College Admission Test (MCAT) Month/Year:

 Accommodations Received:

 [ ]  National Board of Medical Examiners (NBME) Month/Year:

 Accommodations Received:

*Please include USMLE ID# with proof of accommodations.*

 [ ]  Other (specify) Month/Year:

 Accommodations Received:

**B. Medical School**

 Specify School: Month/Year:

 Accommodations Received:

**C. Residency Program**

 Specify Program: Month/Year:

 Accommodations Received:

**D. Fellowship Program**

 Specify Program: Month/Year:

 Accommodations Received:

**E. American Board of Medical Specialties (ABMS)**

 Specify Board: Month/Year:

 Accommodations Received:

**F. Royal College of Physicians and Surgeons of Canada (RCPSC)**

 Month/Year:

 Accommodations Received:

11. I certify that the above information is true and accurate. If test accommodations provided to me include a deviation from the standard testing time schedule, I agree that, from the time I begin the examination until I have completed it, I will not communicate in any way, to the extent possible, with any other individuals taking the examination, and I will not communicate in any way with any such individuals about the content of the examination.

If clarification of further information regarding the documentation provided is needed, I authorize the UCNS to contact the professional(s) who diagnosed the disability and/or those entities which have provided me test accommodations. I authorize such professional(s) and entities to communicate with the UCNS in this regard and to provide the UCNS with such clarification and/or further information.

By typing your name in the space provided, you are submitting the electronic equivalent of a legal signature. You are also asserting that you completed the application. To verify the contents of this form, the signatory must enter his/her name in the space provided. Acceptable “signatures” should be preceded and followed by the forward slash (/) symbol. Acceptable “signature” should be as follows: /John Doe/.

**Electronic Signature:**

**Date:**

**Qualifications for Special Testing Accommodations for Applicants with Disabilities**

**Requirements for Applicants with**

**LEARNING DISABILITIES**

Documentation submitted to the UCNS must include the following:

* A psychoeducational evaluation of the applicant as an adult prepared by a certified psychologist or learning disabilities specialist.
* A complete cognitive assessment using the Wechsler Adult Intelligence Scale-III, the Kaufman Adolescent and Adult Intelligence Test, the Woodcock-Johnson Cognitive Battery-Revised, as well as other formal tests that measure information processing and achievement. The test instruments must be statistically valid, reliable, and standardized for the adult population. Test performance must be reported in standard scores or percentiles.
* A comprehensive achievement battery in relevant areas such as reading, written language, and mathematics. Informal methods of assessment and analysis that are useful include direct observation, error analysis, and diagnostic teaching.
* Evaluation of information processing skills which include, but are not limited to, short-and long-term memory, auditory processing, motor skills, executive functioning, and phonological awareness skills. Typical instruments include, but are not limited to, Woodcock-Johnson Psycho-Educational Battery-Revised: Tests of Cognitive Abilities, the Detroit Tests of Learning Aptitudes-Adult, and the Wechsler Memory Scales-Revised.
* A history of the candidate’s educational performance documenting the nature of school difficulties. Information about learning difficulties in elementary, secondary, and postsecondary settings, as well as documentation of prior accommodations, should be included. The UCNS recognizes that diagnostic practices vary considerably and prefers to base decisions on as much information as possible. The evaluation must provide evidence of cognitive, information processing, and achievement deficits that relate to the requested test accommodations.

**Requirements for Applicants with**

**ATTENTION-DEFICIT/HYPERACTIVITY DISORDER**

Documentation submitted to the UCNS must include the following:

* The diagnostic evaluation process should be multidimensional and involve one or more certified professionals (physician, psychologist, neuropsychologist, learning specialist) in order to include historical, observational, medical, neuropsychological, and educational testing information.
* In most cases, the report should be done within three years of the candidate’s request for accommodations. A description of current functional limitations relative to the requested accommodations must be included.
* The report must include a summary of clinical interviews, observations, and results of information from checklists completed by the candidate and parents, teachers, professionals, or supervisors. Complete family, developmental, education, and medical histories are needed to complement neuropsychological and educational assessments which provide intellectual, cognitive, information processing, and educational data. A differential diagnosis should be discussed.
* Each test must be listed and results must be reported using standard scores or percentiles.
* Based upon the particular disabilities of the candidate, the report must delineate recommendations with a rationale for treatment (medication and/or behavior modification) and academic accommodations backed up by a rationale for why specified test accommodations are needed. It is particularly important to document prior accommodations.

**Checklist A**

**Documentation Requirements for All Disabilities**

To be granted accommodations at an examination of the Board, the candidate must submit a report diagnosing the applicant’s disability. The report must:

[ ]  Be written by a certified professional appropriately qualified to evaluate the disability.

[ ]  Be on the examiner’s letterhead with the examiner’s credentials, address, and telephone number given in the letterhead or title.

[ ]  Include the candidate’s name, date of birth, and date of testing, and it must be signed by the examiner.

[ ]  Include a history of the disability, including previous settings in which accommodations have been granted. If there is no history of prior accommodations, the examiner must explain why current circumstances necessitate accommodations.

[ ]  Include diagnostic information (i.e., International Classification of Diseases, American Psychiatric Association Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Text Revised (DSM-IV-TR®).

[ ]  Include specific recommended accommodations with a rationale for why each accommodation is needed.

**IT IS VERY IMPORTANT TO SHARE THIS CHECKLIST OF REQUIREMENTS WITH THE CERTIFIED PROFESSIONAL WHO PROVIDES THE REPORT OF YOUR DISABILITY.**

**Checklist B**

**Documentation Requirements for**

**Learning Disabilities**

The documentation must include:

[ ]  A psychoeducational evaluation of the applicant as an adult prepared by a certified psychologist or learning disabilities specialist.

[ ]  A complete cognitive assessment using the *Wechsler Adult Intelligence Scale-III*, the *Kaufman Adolescent and Adult Intelligence Test*, the *Woodcock-Johnson cognitive battery, Revised*, as well as other formal tests that measure information processing and achievement.

[ ]  A comprehensive achievement battery in relevant areas such as reading, written language, and mathematics.

[ ]  An evaluation of information processing skills which include, but are not limited to, short- and long-term memory, auditory processing, motor skills, executive functioning, and phonological awareness skills. Typical instruments include, but are not limited to, the *Woodcock-Johnson Psycho-Educational battery, Revised: Tests of Cognitive Abilities*, the *Detroit Tests of Learning Aptitudes-Adult,* and the *Wechsler Memory Scales, Revised*.

Note that the test instruments must be statistically valid, reliable, and standardized for adult populations. Test performance must be reported in standard scores or percentiles.

[ ]  A history of the candidate’s educational performance documenting the nature of school difficulties. Information about learning difficulties in elementary, secondary, and post-secondary settings and documentation of prior accommodations should be included.

[ ]  Documentation of cognitive, information processing, and achievement deficits that relate to the requested accommodations.

**IT IS VERY IMPORTANT TO SHARE THIS CHECKLIST OF REQUIREMENTS WITH THE CERTIFIED PROFESSIONAL WHO PROVIDES THE REPORT OF YOUR DISABILITY.**

**Checklist C**

**Documentation Requirements for**

**Attention-Deficit/Hyperactivity Disorder**

Documentation must:

[ ]  Include a multidimensional diagnostic evaluation that involves one or more certified professionals (physician, psychologist, neuropsychologist, learning specialist) and that includes historical, observational, medical, neuropsychological testing, and educational testing information.

[ ]  Have been done within three years of the candidate’s request for accommodations.

[ ]  Include a summary of clinical interviews, observations, and results of information from checklists provided by the candidate and parents, teachers, professionals, or supervisors.

[ ]  Include complete family, developmental, educational, and medical histories including intellectual, cognitive, information processing, and educational data.

[ ]  Include a discussion of differential diagnosis.

Note that each test must be listed and results must be reported using standard scores or percentiles.

[ ]  Delineate recommendations with a rationale for treatment (medication and/or behavior modification) and academic accommodations backed up by a rationale for why specified test accommodations are needed. It is particularly important to document prior accommodations. If no prior accommodations have been provided, a detailed explanation should be included as to why the requested accommodations are needed at this time.

**IT IS VERY IMPORTANT TO SHARE THIS CHECKLIST OF REQUIREMENTS WITH THE CERTIFIED PROFESSIONAL WHO PROVIDES THE REPORT OF YOUR DISABILITY**