



## DANB Exam Reasonable Accommodations

This form will be accepted through Dec. 31, 2022.

### Policy

DANB offers reasonable accommodations to candidates with documented disabilities as covered by the Americans with Disabilities Act (ADA). The ADA defines a disability as a mental or physical impairment that substantially limits a major life activity (e.g., seeing, hearing, learning, reading, concentrating, thinking) or a major bodily function (e.g., neurological, endocrine, digestive system).

Reasonable accommodations will be provided to all eligible candidates in a manner that does not affect the integrity or security of the exam. DANB strives to provide an equal and fair testing opportunity to all candidates, those requesting accommodations and those who do not, in order to adequately measure their knowledge.

DANB exams are administered only in the English language. Reasonable accommodations will not be approved for candidates who request accommodations because English is a second language.

### Confidentiality

The status and any documentation submitted in relation to a candidate's request for accommodations will be kept confidential. DANB Official Exam Results will not contain any information related to any accommodations provided or a candidate's diagnosed disability.

### Timeline to Request Accommodations

1. Submit Forms A and B and supporting diagnostic documentation along with the exam application, any required exam eligibility documentation and exam fee by mail or fax.
2. DANB reviews the exam application and request for accommodations.
3. If any additional information is needed, the candidate will be contacted by a DANB representative.
4. If the request for accommodations is denied, DANB will contact the candidate through email.

### Documentation Requirements

To receive reasonable accommodations when taking a DANB exam, candidates must submit the following documentation with their exam application:

1. *DANB Exam Reasonable Accommodations Request Form A*
2. *DANB Exam Reasonable Accommodations Request Form B* - This form must be completed by a professional qualified to diagnose the candidate's disability (for mailed and faxed applications only).
3. Supporting Diagnostic Documentation

Current diagnostic or reevaluation documentation is required to ensure that the candidate's current needs are met during the testing process. Acceptable supporting diagnostic documentation must:

- Indicate the specific diagnosed disability
- Be current (within the past 5 years for learning disabilities, 6 months for psychiatric disabilities, and 3 years for ADHD and all other disabilities). *This requirement does not apply to physical disabilities of a permanent or unchanging nature.*
- Include relevant education, developmental and/or medical histories
- Include an explanation of how the diagnosis was made
- Be completed by a qualified professional

If the above requirements are not fulfilled, the candidate's request for accommodations will not be approved.

DANB will review each request for accommodations and will respond to all requests within 2-4 weeks.

## Qualified Professionals

*DANB Exam Reasonable Accommodations Request Form B* and all supporting diagnostic documentation must be completed by a professional who is qualified to administer the diagnostic assessments, confirm diagnosis and make appropriate accommodation recommendations for that particular disability. The professional's full name and any credentials held must be provided in the documentation.

## Exam Format

All DANB exams consist of multiple choice questions and are administered by computer at an authorized Pearson VUE test center. Please refer to the specific exam application for more information on the number of questions and exam study help information.

## Available Accommodations

The following accommodations are available to eligible DANB exam candidates taking exams at a Pearson VUE test center. For online proctored exams, the only accommodation DANB can currently offer is additional time to test. Please see the Candidate Handbook, located at [www.danb.org/About-DANB/Forms-Used-on-This-Site.aspx](http://www.danb.org/About-DANB/Forms-Used-on-This-Site.aspx) for additional information. All approved accommodations must be supported by the documentation provided as part of the request.

- Additional 30 minutes: 30 minutes will be added to the exam time listed in the current exam application packet.
- Time and a half: Half of the current exam time will be added to the exam time listed in the current exam application packet.
- Double Time: The exam time will be twice the exam time listed in the current exam application packet.
- Separate Room: The exam will be administered in a private room.
- Reader: The candidate will be assigned an authorized reader at the test center who will read out loud the exam questions and answer options verbatim to the candidate. The exam will be administered in a private room.
- Other: A non-standard accommodation not listed above.

## Appealing a Decision

If a request for accommodations is denied, the candidate has the right to appeal by submitting a *Request for Reconsideration* form, supporting documentation and a \$50 nonrefundable appeal fee to DANB's Chief Executive Officer within 30 calendar days of the date the request for accommodations was denied. Please refer to *DANB's Appeal Policy and Procedures* (located on DANB's website) for further details.

## Questions

If you have any questions about DANB's Reasonable Accommodations policy or the documentation required please contact DANB at 1-800-367-3262.

If you have any questions regarding the ADA, you may contact the United State Department of Justice ADA information line at 1-800-514-0301.

**Dental Assisting National Board, Inc. (DANB)**

*DANB Exam Reasonable Accommodations Request Form A (for mailed and faxed applications only)*

This form will be accepted through Dec. 31, 2022.

This form must be completed by the candidate applying to take a DANB exam with reasonable accommodations.

**Candidate Information**

Please print clearly in pen.

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Email \_\_\_\_\_

Phone Numbers: Office (\_\_\_\_) \_\_\_\_\_ Home (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

Please indicate the national or state exam for which the accommodations are being requested:

\_\_\_\_\_

**Please note:** The determination whether to grant reasonable accommodations is made in accordance with DANB policy and the Americans with Disabilities Act. DANB will respond to your request for accommodations in writing within 2–4 weeks of receiving the request. Please direct all questions to DANB at 1-800-367-3262.

In the event a request for accommodations is not approved, the candidate will have the option of submitting a written appeal for up to 30 days after the date on the accommodations denial letter.

I hereby affirm that I will comply with all DANB policies and procedures and that I have read and understood the DANB Exam Reasonable Accommodations instructions on page 1 of this document. I understand that if this form or the required documentation is incomplete, I may not be eligible for reasonable accommodations for the exam for which I have applied. Completed forms and documentation does not guarantee that I will be approved for any or all of the requested accommodations.

Candidate Signature X \_\_\_\_\_ Date X \_\_\_\_\_

Dental Assisting National Board, Inc. (DANB)

DANB Exam Reasonable Accommodations Request Form B

This form will be accepted through Dec. 31, 2022.

The form must be completed by the physician, psychologist or other professional qualified to diagnose disabilities. An additional page may be included if more space is needed. The additional page must include the signature of the same evaluator indicated on this form and the date the page was signed.

Physician, Psychologist or Other Qualified Professional Information

Please print clearly in pen.

Name \_\_\_\_\_

License(s)/Certification(s)/Degree(s) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Email \_\_\_\_\_

Phone Number(s): Office (\_\_\_\_) \_\_\_\_\_ Home (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

Information Regarding Diagnosed Disability or Disabilities

Name of Candidate: \_\_\_\_\_

Clearly state the diagnosed disability or disabilities: \_\_\_\_\_

Describe the functional limitations resulting from the disability or disabilities: \_\_\_\_\_

Briefly describe how the requested testing accommodation(s) will meet the individual's needs, based on his or her diagnosis: \_\_\_\_\_

Required Supporting Diagnostic Documentation

Attach current diagnostic or reevaluation documentation relevant to the disabilities for which testing accommodations are being requested. Acceptable supporting diagnostic documentation must:

- Indicate specific diagnosed disability
• Be current (5 years for learning disabilities, 6 months for psychiatric disabilities, 3 years for ADHD and all other disabilities). This requirement does not apply to physical disabilities of a permanent or unchanging nature.
• Include relevant education, developmental and/or medical histories
• Include an explanation of how the diagnosis was made

Reasonable Accommodation Needs

PLEASE CHECK ALL ACCOMMODATIONS BEING REQUESTED:

- [ ] Reader; a separate room will be provided
[ ] Separate room (if available); test centers can provide earplugs
[ ] Additional time - Specify the greatest amount of time requested below
[ ] Additional 30 minutes [ ] Time and a half [ ] Double time
[ ] Other accommodations, if available, specify here: \_\_\_\_\_

I hereby affirm that the information provided on this form and attached documentation is true and correct to the best of my knowledge and that I have reviewed DANB's policy and procedures on requesting accommodations for a testing candidate.

X \_\_\_\_\_ X \_\_\_\_\_ X \_\_\_\_\_
Signature of physician, psychologist or other qualified professional License Number (required) Date