Special Testing Accommodation or Accessibility Request Form

It is the policy of the American College of Cardiology Foundation ("ACCF") to comply with the Americans with Disabilities Act ("ADA") and offer reasonable testing accommodations to persons with qualifying disabilities. Consistent with the ADA, ACCF will make feasible and appropriate modifications to our examination procedures for candidates with documented disabilities, provided that the modification does not fundamentally alter the measurement of skills or knowledge that the exam is intended to assess and is not unduly burdensome.

Please note that, to maintain the validity of the exam and ensure fairness to all candidates, there are limits to the accommodations ACCF is able to provide. Candidates must register for the exam prior to requesting an accommodation and must submit the request and any supporting documentation as soon as possible, but no later than 60 days prior to the start date of the exam for which accommodation is being requested.

ACCF evaluates all requests for testing accommodations on a case-by-case basis and will send you a response in by email within 4 weeks.

l.	Personal Information						
	Number: Address:						
Exam(s) for which accommodations are requested:							
	□ ACCSAP CMP						
	☐ CathSAP CMP						
	☐ EP SAP CMP						
	☐ HF SAP CMP						
	☐ CCKE for Physicians Practicing Outside the United States						
	☐ CCKE for NPs/PAs						

II. Requested Accommodation

Please list and describe all reasonable accommodations you are requesting:

III. Qualified Disability

All candidates seeking a reasonable testing accommodation must provide relevant documentation and information about their disability so that we may validate that the individual is covered under the ADA as a person with a disability.

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1. Please describe the nature of your disability.
2. When was the disability first identified or diagnosed?
3. When was last time this disability was evaluated and/or treated? Please provide the identity of the professional who last evaluated and/or treated the condition.
4. Please provide a description of how your disability is accommodated in your daily life.
5. Please describe how the disability will impact you when taking this exam.

6. Please provide examples and, where applicable, submit documentation of past accommodations you have received for standardized testing or in other relevant academic settings. If you have received no such previous accommodations, please provide an explanation for why you did not need the requested accommodation in the past or why no such accommodation was granted, and why the requested accommodation is necessary now.

IV. Supporting Documentation

Please attach copies of any relevant documentation confirming the nature and extent of the disability and your need for a specific accommodation(s). Examples of such supporting documentation include medical certifications, forms, letters or reports from a treating physician, psychiatrist, or other licensed medical professional, or any other objective evidence of your disability (e.g., medical test results).

In addition, if appropriate, please attach copies of any records confirming past testing accommodations that you have received (e.g., approval letters granting accommodations).

Please submit the following information **60 days prior to the start date of the exam** for which accommodation is being requested:

- your complete Request for Testing Accommodation form
- the attached Verification and release form, and
- all supporting documentation

Submit to: ACCaccommodations@acc.org

FOR THOSE REQUESTING SPECIAL ACCOMMODATION FOR A DISABILITY ONLY

Verification and Authorization to Release Information

l,	hereby	agree	to	provide	to	the
American College of Cardiology Foundation ("ACCF") all required with my request for accommodation of my stated disability	•	cumen	tatio	on in con	nect	ion
I declare and verify under penalty of perjury that all inform to others evaluating my disability is true to the best of my k	-		-		ACCF	F or
I understand and agree that the ACCF has requested this doc existence and nature of my disability and the need for the further understand and agree that the ACCF may provious professionals in connection with an independent review of	accommode this d	odatior ocume	n I h ntat	ave requion to c	ieste _l ualif	ed. I
I agree that the ACCF and/or its outside experts may directle other persons who have provided information pertaining information, clarification, or documents. I authorize to information concerning their evaluation.	g to my o	disabilit	y to	obtain	furt	her
Candidate's Signature						
Date						