

## 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.

### I. Personal Information

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email 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:



#### **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**

I, \_\_\_\_\_, hereby agree to provide to the American College of Cardiology Foundation (“ACCF”) all required documentation in connection with my request for accommodation of my stated disability.

I declare and verify under penalty of perjury that all information provided by me to the ACCF or to others evaluating my disability is true to the best of my knowledge and belief.

I understand and agree that the ACCF has requested this documentation for use in evaluating the existence and nature of my disability and the need for the accommodation I have requested. I further understand and agree that the ACCF may provide this documentation to qualified professionals in connection with an independent review of my request for accommodation.

I agree that the ACCF and/or its outside experts may directly contact any of the professionals or other persons who have provided information pertaining to my disability to obtain further information, clarification, or documents. I authorize those individuals to disclose such information concerning their evaluation.

\_\_\_\_\_  
Candidate’s Signature

\_\_\_\_\_  
Date