



MISSISSIPPI STATE BOARD OF OPTOMETRY

ADA Testing Accommodations Request Form

The Mississippi State Board of Optometry ("Board") provides reasonable and appropriate accommodations in accordance with the Americans with Disabilities Act for individuals with documented disabilities or a medical condition who demonstrate a need for accommodations and request accommodations prior to testing.

The Americans with Disabilities Act defines a person with a disability as an individual with a physical or mental impairment that substantially limits one (1) or more major life activities. Testing accommodations are offered to those with a qualified disability or medical condition to offer equal access to testing.

Applicants taking the examination(s) administered by the Mississippi State Board of Optometry must make an application for accommodation. The Board considers each request for testing accommodation on a case-by-case basis. The testing applicant must submit documentation from one or more qualified professionals that provides information on the diagnosed impairment(s), the applicant's current level of impairment, and the rationale for the accommodations requested. Accommodations granted elsewhere do not necessarily entitle the testing applicant to accommodations, although the Board gives considerable weight to documentation relating to past accommodations received in similar testing situations or in response to an IEP or Section 504 plan.

If an applicant's Request for Testing Accommodations is denied in whole or in part, the applicant may ask the Board to reconsider its decision. A written request for reconsideration must be received by the Board no later than five (5) business days from the date of the Board's written notice of denial. The request for reconsideration must contain new and material information and/or documentation not submitted with the initial request for accommodation.

I. Applicant Request for Test Accommodations

NOTE TO APPLICANT: This form is part of your request for test accommodations on examinations administered by the Mississippi State Board of Optometry. This form and all other applicable forms and required documentation must be filed at the same time as your Application for Licensure.

Full name: _____

Date of Birth: _____ SSN: _____

II. Your Disability Status

Please list the disability or disabilities for which you are requesting accommodations:

List your age when first diagnosed.

Are you currently being treated? If yes, provide the name, qualifications, and telephone number of your treating professional(s).

List any treatment and/or medication currently prescribed for the disability or disabilities identified above, or list "none."

If there is anything else you would like the Board to know about your disability and need for accommodation, you may attach a personal narrative.

III. History of Accommodations

Did you receive accommodations:

During high school? Yes No

If yes, please list the condition or diagnosis for which accommodations were granted, the specific accommodations granted, the educational institution or testing agency that granted the accommodations, and the time limit.

During college? Yes No

If yes, please list the condition or diagnosis for which accommodations were granted, the specific accommodations granted, the educational institution or testing agency that granted the accommodations, and the time limit.

During optometry college/school? Yes No

If yes, please list the condition or diagnosis for which accommodations were granted, the specific accommodations granted, the educational institution or testing agency that granted the accommodations, and the time limit.

During any part of the national board testing (NBEO)? Yes No

If yes, please list the condition or diagnosis for which accommodations were granted, the specific accommodations granted, the educational institution or testing agency that granted the accommodations, and the time limit.

IV. Accommodations Requested

For each accommodation you request, explain why the accommodation is necessary and how it alleviates the impact of your disability or disabilities in the context of taking the exam.

V. Supporting Documentation

Medical Documentation: Submit supporting medical documentation from a qualified professional who conducted an individualized assessment and who gave the diagnosis which forms the basis for the request for testing accommodations. If you are requesting accommodations based upon more than one disability, you should supply medical documentation to support each disability.

Verification of Accommodations History: Provide verifying documentation of your accommodation history, if any.

Certification that Information Supplied is True and Complete

The information I have provided in support of my request for test accommodation is true and complete.

I understand that if the Mississippi State Board of Optometry determines that I, or a third party on my behalf, submitted as part of this request any information or documentation that is false, inaccurate or intentionally misleading, the Mississippi State Board of Optometry reserves the right to deny my licensure request.

Applicant's Signature

Date