PART I

Request for Accommodations under the Americans with Disabilities Act (ADA)

1. First Name: ________________________ MI: _______ Last Name: _________________________________

2. Address: _______________________________________________________________________________
   City: _______________________________________________ State: ________ Zip Code: _____________
   Country: _______________________________________________________________________________

3. For which of the following exams are you requesting accommodations?
   - [ ] CCA
   - [ ] CCS
   - [ ] CCS-P
   - [ ] RHIA
   - [ ] RHIT
   - [ ] CHPS
   - [ ] CHDA
   - [ ] CDIP
   - [ ] CHTS

4. Nature of your disability:
   - [ ] Hearing
   - [ ] Learning
   - [ ] Visual
   - [ ] Psychiatric
   - [ ] Physical
   - [ ] Other, please specify ______________________________________________

5. How long ago was your disability diagnosed?
   - [ ] Less than 1 year
   - [ ] 1–2 years
   - [ ] 2–5 years
   - [ ] Over 5 years

6. In order to fully document your need for accommodations, please include a brief personal statement
   describing your disability and its impact on your daily life and educational functioning.
   __________________________________________________________________________________________
   __________________________________________________________________________________________
   __________________________________________________________________________________________
   __________________________________________________________________________________________

7. Have you previously received accommodations in any educational or testing situation?
   - [ ] Yes
   - [ ] No
   If yes, please describe the accommodations received.
   __________________________________________________________________________________________
   __________________________________________________________________________________________

8. Which of the following accommodations are you requesting?
   - [ ] Separate testing room
   - [ ] Reader
   - [ ] Extended testing time
   - [ ] Other, please specify ______________________________
   - [ ] Screen magnifier/zoom technology

I certify that the information provided above is true and accurate.

Signature: _________________________________________________ Date: ___________________________
Information to be provided by a qualified health professional, and attached to Part I of the ADA application.

- Documentation of disability assists AHIMA in determining reasonable accommodations under the Americans with Disabilities Act, which are determined on a case-by-case basis. If the submitted documentation is incomplete or does not support the request, the applicant will be asked to provide additional documentation. The cost of obtaining all documentation is borne by the applicant.

- The documentation submitted should be as comprehensive as possible in order to allow AHIMA to make an informed decision on the accommodation request and to avoid delays in the decision-making process.

- Documentation, along with the AHIMA Test Accommodation Request Form should be submitted to AHIMA early enough to allow sufficient time to review the request and implement reasonable accommodations and/or services within registration deadlines.

- Documentation must be provided by a licensed or otherwise properly credentialed professional who has undergone appropriate and comprehensive training, has relevant experience, and has no familial relationship with the individual being evaluated. The individual making the diagnosis must be qualified to do so (for example, an orthopedic limitation might be documented by a physician, but not a licensed psychologist).

- Documentation should be typed or printed on official letterhead with the name, title, professional credentials, address, phone number, and signature of the evaluator, as well as the date of the report.

*The documentation should be current.* Because the provision of reasonable accommodations is based on assessment of the current impact of the applicant’s disability on the testing activity, it is in the individual’s best interest to provide recent documentation. As the manifestations of a disability may vary over time and in different settings, in most cases an evaluation should have been conducted within the past three years. Certain conditions such as some physical and psychiatric conditions are subject to change and should be updated for current functioning.
To support a request for test accommodations, please submit the following materials:

1. A completed AHIMA Test Accommodation Request Form.

2. A detailed, comprehensive written report from your treating professional describing your disability and its impact on your daily functioning. The report should also explain the need for the requested accommodations relative to your impairment.

The report and accompanying documentation should clearly state the following information:

- **A specific, professionally recognized diagnosis** of the disability using diagnostic codes from the current edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM) or other professionally recognized formulation.

- **A description of the functional limitations** resulting from the diagnosed disability, including the identification of the major life activity that is limited by the disability, and how that major life activity is impacted.

- **A description of the specific diagnostic criteria** and names of the diagnostic tests used, including date(s) of evaluation, specific test results and a detailed interpretation of the test results. This description should include the results of diagnostic procedures and tests utilized and should include relevant educational, developmental, and medical history.

- **Specific test results using standard scores should be reported to support the diagnosis.** Diagnostic methods used should be appropriate to the disability and current professional practices within the field. All scores generated by each test must be reported in standard score format using adult age-based norms. Any additional informal or nonstandardized evaluation procedures should be described in enough detail that other professionals could understand their role and significance in the diagnostic process.

- **Copies of records** relating to and documenting the candidate’s disability, including educational, developmental, and/or medical history relevant to the disability for which testing accommodations are being requested.

- **A recommendation of specific accommodations** and/or assistive devices for the AHIMA examination including a detailed explanation of why these accommodations or devices are needed and how they will reduce the impact of the identified functional limitations.

- **Identification of the professional credentials** of the evaluator that qualify him/her to make the particular diagnosis, including information about license or certification and specialization in the area of the diagnosis. The evaluator should present evidence of comprehensive training and direct experience in the diagnosis and treatment of adults in the specific area of disability.

If no prior accommodations have been provided, the qualified professional expert should include a detailed explanation as to why no accommodations were given in the past and why accommodations are needed now.

If you have any questions on the documentation needed, please see the AHIMA Documentation Guidelines at: http://www.ahima.org/-/media/AHIMA/Files/Certification/AHIMADocumentationGuidelines_HR_0918.ashx