



Ohio Architects Board Ohio Landscape Architects Board

77 South High Street, 16th Floor Columbus, Ohio 43215-6108 (614) 466-2316

ARE Testing Accommodation Request Form

The Ohio Architects Board works with the National Council of Architectural Registration Boards (NCARB) in ensuring compliance with the Americans with Disabilities Act (ADA). Candidates for NCARB's Architect Registration Examination (ARE) may request a reasonable testing accommodation due to an ADA-recognized disability by applying first with the Board. Approved requests will then be forwarded to NCARB for review and processing. You must receive notice of approval of your accommodation request prior to scheduling your examination.

1. Name: _____
First Middle Initial Last Previous/Maiden Name

2. Address: _____
Street Address

_____ City State Zip/Postal Code Country

3. NCARB number: _____ 4. Telephone Number: (_____) _____

5. Email address: _____

6. Location where you intend to take the examination: _____
City State/Country

7. What is the disability that limits one or more of your major life activities? _____

8. Will this disability require testing accommodations in order for you to take the examination? Yes No

9. If yes, **DESCRIBE** the testing accommodations needed. (You may attach a separate sheet if necessary.)

10. Have you ever received prior testing accommodations for your disability? Yes No

11. If yes, **DESCRIBE** the testing accommodations received. If no, **EXPLAIN** why no accommodations were given.

ARE Testing Accommodation Request Form - Documentation

Disability Documentation Guidelines

The following information is provided to ensure qualifying individuals applying to take the ARE are protected under the ADA. All requests submitted through the Testing Accommodation Request Form will be evaluated to determine the following:

- There is a current need for testing accommodations
- The applicant has a disability as defined by the ADA
- A reasonable accommodation can be provided

The following guidelines describe the necessary components of acceptable evidence required to validate a disability and the current need for testing accommodations. A prior history of accommodations, without demonstration of a current need, will not necessarily warrant approval of testing accommodations. To avoid unnecessary delays, ensure the submission of all information and documentation is in accordance with these guidelines.

****Attach the following documentation in support of this application****

Failure to attach required documentation may result in the rejection or denial of your request

1. Written recommendation from a licensed or certified health professional appropriate for diagnosing and treating the specific disability for the specific accommodation that confirms a disability which substantially impairs one or more major life activities and describes the recommended accommodation for said disability.
 - The professional must have examined the applicant and diagnosed a physical or mental impairment
 - The recommendation must be on the professional's official letterhead.
2. Current and detailed documentation supporting the request. The documentation should provide evidence of a substantial limitation to physical or mental (academic) functioning, and should describe the extent of the disability, the criteria for the diagnosis, the type and length of treatment and the recommended accommodation.
 - Documentation must provide evidence of a substantial current limitation to physical or mental functioning.
 - For a temporary disability, the documentation should clearly indicate the impact of the disability as well as the anticipated length of the recovery.
3. Supporting evidence that similar accommodations have been made for the applicant in other educational or testing situations or in employment settings, or supporting evidence as to why no such accommodation was made in the past (in support of questions no. 10 and 11 above).

By submitting this form, the registrant affirms eligibility for the requested exemption. Falsification can result in disciplinary action.

Applicant's Signature

Date

Return this form and supporting documentation to:

Ohio Architects Board
77 S. High Street, 16th Floor
Columbus OH 43215

For Board use only	Date received	Director approved
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