

# ADA ACCOMMODATION REQUEST APPLICATION

APPROVE: \_\_\_\_\_

DATE: \_\_\_\_\_



Questions?

(503)378-4034

Email: tax.bd@oregon.gov

## OREGON BOARD OF TAX PRACTITIONERS

3218 Pringle Rd SE, Ste 120, Salem OR 97302

Fax (503)585-5797

Website: www.oregon.gov/OBTP

**The information requested below and any documentation regarding your disability and your need for special arrangements or accommodation(s) for examination will be considered strictly confidential and will not be shared without your express written permission.**

**1**

**To Be Completed By the Applicant** PLEASE TYPE OR PRINT CLEARLY

"LEGAL NAME" Last:		First:	Middle:
Mailing Address:			
City:	State:	Zip Code:	County:
Cell Phone:	Home Phone:	Business Phone:	
Fax:	*E-Mail:		

\*Please provide the Board of Tax Practitioners with your current e-mail address to assure receipt of Board information.

Exam:                      Preparer                      Consultant                      Enrolled Agent (Consultant -State Only)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**2**

**To Be Completed By A Qualified Health Professional**

The applicant has discussed with me the nature of the test to be administered. It is my opinion that because of the applicant's disability, he/she should be accommodated by providing the following:

**Disability Type:** \_\_\_\_\_

Accommodation request - Please check all that apply:

- Reader as accommodation for a visual impairment or learning disability
- Scribe/amanuensis as accommodation for visual, motor impairment, or learning disability
- Separate testing area
- Other (Please Specify): \_\_\_\_\_
- Extended Time      Total time needed: \_\_\_\_\_

*Current time allowed:      5 hours - Consultant      4 hours - Preparer      1.5 hours - Consultant State Only*

**PLEASE PRINT**

Professional Title: \_\_\_\_\_ License Number: \_\_\_\_\_

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

Signature (Professional): \_\_\_\_\_ Date: \_\_\_\_\_

## Request for Testing Accommodations and Appropriate Documentation

The Oregon Board of Tax Practitioners (OBTP) provides reasonable and appropriate accommodations in accordance with the Americans with Disabilities Act (ADA) for individuals with documented disabilities who demonstrate a need for accommodation.

The ADA defines a person with a disability as an individual with a physical or mental impairment that substantially limits one or more major life activities.

Problems such as English as a second language, test anxiety, or slow reading without an identified underlying physical or mental deficit, or failure to achieve a desired outcome, are not learning disabilities and are generally not covered by the ADA.

Testing accommodations may be provided to a candidate with a qualified disability to offer equal access to testing.

The following information will assist the candidate in submitting the appropriate documentation to support the testing accommodation request. The documentation will assist the OBTP in determining whether the individual qualifies for accommodations under the ADA.

The OBTP requires a complete evaluation of the candidate as well as the completed and signed ADA Accommodation Request Application. A licensed professional appropriately qualified for evaluating the disability must sign the form.

If you have a documented disability recognized under the ADA and require testing accommodations, you must submit:

1. Your Board examination application **prior to scheduling a testing appointment**, and check the box that indicates you are requesting testing accommodations.
2. Completed ADA Accommodation Request Application and supporting documentation.

The process is not complete until you have submitted both required items. You can schedule a testing appointment after we notify you that your testing accommodation request has been approved.