



Documentation Needed to Request Accommodations

When requesting special accommodations, make sure to turn over all necessary documentation to the CTC where you wish to take the MAT. You must have the following:

- A completed Accommodations Request Form**
- A signed HIPAA statement**
- A current letter (not more than three years old) from a licensed professional with training that is applicable to diagnosing the disability**

The letter must appear on the licensed professional's official letterhead and include:

- The licensed professional's title, address, and telephone number
- A description of the nature of the functional limitation as it applies to taking a multiple-choice standardized test
- The specific accommodations the candidate will need for testing

The authority providing this letter may also include test results, a signed school Individual Education Plan (diagnosis and plan), or other official documentation that identifies the candidate's disability and the accommodation he or she requires.



Accommodations Request Form

Name _____ Date: _____
Last First M.I.

Address: _____

MAT Controlled Testing Center: _____

MAT Administrator's Name: _____

Daytime Telephone Number _____ Email: _____

Description of Disability: _____

Accommodations Requested (Check all that apply):

- Audio CD Exam
- Large Print Exam
- Additional Breaks
- Additional Time
 - Time and a Half
 - Double Time
- Reader
- Scribe/Writer
- Sign Language Interpreter
 - American Sign Language
 - Cued Speech
 - Other _____
- Separate Testing Room
- Accessible Facilities

Additional Time (Please explain): _____

Other Equipment or Accommodation (please explain): _____

Accommodations previously provided to you—list accommodations received and purpose (e.g., “Sign language interpreter for MAT examination”): _____

If you have any questions about your accommodations, please contact PSE Customer Relations at 1-800-622-3231.

HIPAA CONSENT FORM

AUTHORIZATION (CONSENT) TO PERMIT THE USE AND DISCLOSURE OF IDENTIFIABLE MEDICAL INFORMATION (PROTECTED HEALTH INFORMATION) FOR ACCOMMODATION PURPOSES

Candidate Name:

Accommodation Requested:

The Health Insurance Portability and Accountability Act (HIPAA) provides safeguards to protect your privacy. Implementation of HIPAA requirements officially began on April 14, 2003.

What this is all about: Specifically, there are rules and restrictions on who may see or be notified of your Protected Health Information (PHI). These restrictions do not include the normal interchange of information necessary to provide you testing services. HIPAA provides certain rights and protections to you as the patient. Additional information is available from the U.S. Department of Health and Human Services. www.hhs.gov

We have adopted the following policies:

1. You the Candidate agree and understand that your diagnostician (whether a physician or other provider) can provide NCS Pearson, Inc. ("Pearson") with any necessary medical information to support and/or verify your requested accommodation. By signing below, you grant Pearson your consent and permission to request the information from your diagnostician for the sole purpose of making a determination regarding your requested accommodation for your test administration.
2. Candidate information will be kept confidential except as is necessary to determine the accommodation request for the test administration. Your information may be retained only as it applies to your administration of the test. Your records will not be available to persons other than Pearson staff and administrators necessary to determine your accommodation. You agree to the normal procedures utilized by Pearson for the purpose of determining and providing your request for accommodation.
3. It is the policy of Pearson to notify you of your request by telephone, e-mail, U.S mail, or by any means convenient for the practice and/or as requested by you. We may send you other communications informing you of changes to your accommodation request and new technology that you might find valuable or informative.
4. You understand and agree to reasonable inspections of Pearson's records and review of documents (which may include your Consent Form and supporting documentation) which may be made by government agencies or colleges in the normal performance of their duties.
5. You agree to bring any concerns or complaints regarding any privacy matter to the attention of Pearson.

6. Your confidential information will not be used for the purposes of marketing or advertising of products, goods or services.
7. Pearson agrees to provide Candidates with access to their records in accordance with applicable state and federal laws.
8. Pearson may change, add, delete or modify any of these provisions.
9. You have the right to request reasonable restrictions in the use of your protected health information. However, we are not obligated to alter internal policies to conform to your request.

I, _____ date _____ do hereby consent and acknowledge my agreement to the terms set forth above in the HIPAA CONSENT FORM and any subsequent changes.

Signature