



Documentation Required for an Accommodation Request

At the time of registration, you must indicate your need for an accommodation. A request for accommodations cannot be added to an existing registration. Accommodation requests, whether approved or not, will not be revealed to pharmacy schools. This information will not be included on your score report or transcript.

You must also submit the following two documents by mail, fax, or email (scanned and attached):

1. A signed HIPAA Consent Form
2. 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 must 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 standardized multiple-choice and writing test
- The specific accommodations the candidate will need for testing with rationale.

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.

Send the two documents (scanned and attached) to scoring.services@pearson.com. See the "Contact Us" section of the *Candidate Information Booklet* for mailing address and fax number.

We recommend that you register and submit the required documentation before the "Registration and Schedule" deadline prior to your desired testing window, because your preferred testing center may become unavailable.

Requests will not be reviewed or approved until all required documents have been received.

HIPAA CONSENT FORM

AUTHORIZATION (CONSENT) TO PERMIT THE USE AND DISCLOSURE OF IDENTIFIABLE MEDICAL INFORMATION (PROTECTED HEALTH INFORMATION) FOR ACCOMMODATION PURPOSES (Not applicable to non-USA administrations)

Candidate Name: _____

Candidate Identification (CID) Number: _____

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 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 secure and 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, email, 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. We agree 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 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