

Disability Accommodations and Requests Policy and Form

In adherence to the Americans with Disabilities Act (ADA, 1990), reasonable and appropriate accommodations are provided for qualified individuals with disabilities who supply appropriate documentation. GPCI follows the guidelines set forth in the Council on Licensure Enforcement and Regulation (CLEAR) and National Commission for Certifying Agencies (NCCA) Principles of Fairness.

A “qualified individual with a disability” is one who has a disability and satisfies the requisite skill, experience, education, and other requirements of the service, program, or activity for which he or she is being measured and, with or without accommodations, can perform the essential functions of the service, program, or activity. An essential function is one that individuals are required to perform, and removing that function would fundamentally change the service, program, or activity. A person must be a “qualified individual with a disability” to be protected under the ADA.

Reasonable accommodations provide candidates who are disabled with a fair and equal opportunity to demonstrate their knowledge and skill in the essential functions being measured by the examination. Reasonable accommodations are decided on the basis of the individual’s specific request, disability, documentation submitted, and the appropriateness of the request. Reasonable accommodations do not include steps that fundamentally alter the purpose or nature of the examination. Requests may involve providing the candidate with extended time, a reader, a writer, and/or a separate room. These requests must be based on documented need related to the candidate’s disability.

Testing Accommodations Request

The candidate must submit the GPC Exam Testing Accommodations Request Form to the GPCI Exam Committee at the time of eligibility application packet submission to the candidate’s test administration to the address below. The Accommodations Request Form must include a letter or other documentation from a licensed physician, optometrist, social worker, psychologist or other appropriate professional (including title, credentials, address, and telephone number on his/her letterhead). This letter should describe the nature of the functional limitation as it applies to taking a standardized, multiple-choice examination and written examination, and the specific accommodations needed for testing. If approved by the GPCI Exam Committee, these accommodations will be provided at no additional charge to the candidate.

The GPCI Exam Committee will review the Accommodations request and inform the Candidate in writing within fifteen (15) calendar days of receipt of the GPC Exam Testing Accommodations Request Form.

Right to Appeal

The Candidate may appeal an accommodations decision if any or all of the requested accommodations are not approved. The candidate must complete the GPC Exam Testing Accommodations Appeal Form within fifteen (15) days of receipt of notification of the Testing Accommodations decision following the date on which the adverse decision was emailed to the appellant. Any individual who does not file an appeal request within the required time limits shall waive the right to appeal.

The GPCI Board will review the Appeal and inform the Candidate in writing within fifteen (15) calendar days of receipt of the GPC Exam Testing Accommodations Appeal Form. If necessary, the Candidate's testing window will be extended by the number of calendar days during which the Disability Accommodations and Request Form and/or the GPC Exam Testing Accommodations Appeal Form are reviewed prior to decisions.

Requests for Accommodations and Appeals must be made to GPCI:

Grant Professionals Certification Institute
10881 Lowell Ave, Suite 190
Overland Park, KS 66210
Email: info@grantcredential.org
Phone: (913) 788-3000

Questions, please email to info@grantcredentials.org

GPC Examination Testing Accommodations Requests Form

Candidate's Identifying Information

First and Last Name	Date (Effective Date)
Address	City, State, ZIP
Email	Phone
Anticipated Exam Date	Anticipated Exam Location

Requested Accommodation(s)

Please indicate what accommodations you are requesting and provide a rationale for each. You may attach additional sheets as necessary.

Accommodation:	
Rationale:	
Accommodation:	
Rationale:	
Accommodation:	
Rationale:	

Required Supporting Documentation

Testing accommodation requests must be accompanied by documentation from a licensed physician, optometrist, social worker, psychologist or other appropriate professional. Supporting documentation must be attached to this request form. Documentation must include a rationale for the need for the accommodation(s).

Specifically, documentation must be provided through a detailed signed letter on letterhead and/or report(s) that indicate a clear and specific rationale for the need for testing accommodations and specific recommendations for testing accommodations. Non-specific recommendations such as “extra time” are not acceptable. Examples of specific recommendations include 50% additional testing time, large font, or testing in a separate room.

Please submit request and documentation to the GPCI Board:

Grant Professionals Certification Institute
10881 Lowell Ave, Suite 190
Overland Park, KS 66210
Email: info@grantcredential.org
Phone: (913) 788-3000

By signing below, I attest that the information provided in this document is true and accurate.

Signature

Date (Effective Date)

Printed Name



GPC Exam Testing Accommodations Appeal Form

You may appeal an accommodations decision if any or all of your requested accommodations were not approved. Complete the information below and sign the release statement at the end of the form.

Appeal requests are generally more effective if they include:

1. A reason for the appeal, and
2. Additional documentation beyond what was originally included with the original Request for Accommodations form.

Candidate’s Identifying Information

_____	_____
First and Last Name	Date (Effective Date)
_____	_____
Address	City, State, ZIP
_____	_____
Email	Phone
_____	_____
Exam Date	Testing Location

Reason for Appeal

Please explain your reason(s) for appealing the denied accommodation(s). You may attach additional sheets as necessary.

By signing below, I attest that the information provided in this document is true and accurate.

_____	_____
Signature	Date (Effective Date)

Printed Name