



Certified Organizational Ombudsman Practitioner Certification Examination Disability Accommodation Policy

It is the responsibility of candidates who require test accommodations to notify the Board of Certification as early as possible, but no later than the examination registration deadline, of the need for accommodation. The Request for Disability Accommodation Form is below. Supporting documentation will be required to establish the reasonableness of the Request for Accommodation and to provide information as to the nature of the accommodation requested.

The Board of Certification must approve all disability accommodation requests prior to either the pencil-and-paper or computer-based test. In addition, if deemed appropriate, the Board of Certification may not provide the accommodation requested but may determine a reasonable alternative accommodation. The Board of Certification will work with SMT to provide the arrangements at the test site. The Board of Certification will cover the cost of accommodations it approves but will not pay for any costs the candidate may incur in obtaining and submitting required documentation.

The Board of Certification will consider all requests on a case-by-case basis. It may be necessary for testing staff to speak and correspond with the candidate regarding specific arrangements. Therefore, it is required that the candidate keep the Board of Certification informed of changes to the candidate's contact information.



Certified Organizational Ombudsman Practitioner Request for Disability Accommodation

If you have a disability for which you wish to request testing accommodations, you must provide the following documentation to the Board of Certification along with this request form:

- A copy of SMT's Applicant Admission Notice indicating that you have registered to take the examination and that your payment has cleared.
- Documentation of your disability, such as a letter from your healthcare provider, or evidence of prior accommodations at prior IOA events.
- Recommendations for testing arrangements that are specifically related to your disability.

The Board of Certification may request additional documentation or your permission to speak with your healthcare provider in order to evaluate and respond to your request. Disability-related information will be maintained by the Board of Certification in a confidential file. Please provide the request for accommodation as early as possible to help us assure appropriate arrangements are prepared but no later than the examination registration deadline.

Please describe the accommodation that you are requesting:

Name: _____

Mailing Address: _____

Title: _____ **Organization:** _____

Telephone: _____ **Fax:** _____

Email: _____ **Website:** _____

Signature: _____ **Date:** _____

Please return this form and documentation to:

IOA - Board of Certification
390 Amwell Road, Suite 402
Hillsborough, NJ 08844 USA
Phone: +1.908.359.0246 Fax: +1.908.842.0376
Email: certification@ombudsassociation.org