Optometry Admission Test (OAT™)
Accommodation Request

The OAT™ Program provides reasonable and appropriate accommodations in accordance with the Americans with Disabilities Act for individuals with documented disabilities who demonstrate a need for accommodation. Accommodations will not be noted on your test results or shared with any third party (e.g. dental schools, state licensing agencies, etc.).

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

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 generally covered by the Americans with Disabilities Act.

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

Candidates must request testing accommodations with each application, but will not be required to submit additional documentation for the same disability/condition with subsequent retest applications.

Request for Testing Accommodations and Appropriate Documentation

The following information will assist the candidate in submitting the appropriate documentation to support the testing accommodation request. The documentation will assist the OAT™ Program in determining whether the individual qualifies for accommodations under the Americans with Disabilities Act.

The OAT™ Program requires a complete evaluation of the candidate as well as the completed and signed Testing Accommodation Request Form. A health care professional appropriately qualified for evaluating the disability must conduct the evaluation.

If you have a documented disability recognized under the Americans with Disabilities Act and require testing accommodations, you must:

1. While submitting your OAT™ application and **prior to scheduling a testing appointment** select 'Yes' from the drop down on the application that you are requesting testing accommodations. You must submit an application to test, the testing accommodation request form, and the supporting documentation. The process is not complete until you have submitted all three components. After your accommodation request is approved, you will receive an eligibility email with scheduling instructions. You cannot schedule prior to receiving this email. Testing accommodations cannot be added to a previously scheduled testing appointment. If you schedule your testing appointment before the approval of testing accommodations you will be required to cancel the appointment and pay a reschedule fee. You will receive an eligibility letter, via email, once your accommodations have been approved.

2. Submit the following documents as a **single attachment** to testingaccommodations@ada.org:

   a. **Testing Accommodation Request Form**, signed and dated, indicating the disability, and the need for accommodations. Accommodations should align with the identified functional limitation so that the adjustment to the testing procedure is applicable to the identified

impairment. A functional limitation is defined as the behavioral manifestation of the disability that impedes the individual's ability to function.

b. **A copy of a current evaluation report** (within the past five years) from the appropriate health care professional. The document must be on official letterhead, and should include the **professional's credentials, signature, address, and telephone number**. The report must indicate the **candidate's name, date of birth, and date of evaluation**. The report should include:

    - The specific **diagnostic procedures or tests** administered. Diagnostic methods used should be appropriate to the disability and in alignment with current professional protocol.

    - The **results** of the diagnostic procedures and/or tests and a comprehensive interpretation of the results.

    - The specific **diagnosis of the disability**, with an accompanying description of the candidate's limitations due to the disability.

    - A summary of the complete evaluation with **recommendations for the specific accommodations** and how they will reduce the impact of identified functional limitation.

c. **Documentation of any previous accommodations** provided by educational institutions or other testing agencies. If no prior accommodations were provided, the licensed professional should include a detailed explanation as to why no accommodations were given in the past and why accommodations are needed now.

Unacceptable Forms of Documentation

Please do not submit the following documents. The OAT™ Program will not accept them.

- Handwritten letters from licensed professionals.
- Handwritten patient records or notes from patient charts.
- Diagnoses on prescription pads.
- Self-evaluations found on the Internet or in any print publication.
- Research articles.
- Original evaluation documents; please submit copies of the original documents.
- Previous correspondence from the OAT™ Program. We maintain copies of all correspondence.
- Correspondence from educational institutions or testing agencies not directly addressed to the OAT™ Program.

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Please return this signed form and supportive documentation (as a single attachment) by e-mail to testingaccommodations@ada.org. Upon receipt, the OAT™ Program will review your request and notify you by email of the decision.

Personal Information		
First Name	Middle Name	Last Name
Street Address		
City	Daytime Telephone Number	
State	**PIN**	
Zip Code		

Accommodation History	
Indicate any previous accommodations you received and the corresponding dates.	
Standardized Examination	**Educational Institution**
Name of Test:	Name of Educational Institution:
Date(s):	Date(s):
Specific accommodation received:	Specific accommodation received:
Other:	Other:

Nature of Disability	
Circle or highlight the disabling condition and indicate the year of diagnosis.	
Disability	**Year of Diagnosis**
Language Impairments	
Expressive Language Disorder	
Receptive Expressive Language Disorder	
Receptive Language Disorder	
Learning Impairments	
Mathematics Disability	
Reading Disability	
Writing Disability	
Medical Impairments	
Diabetes	
Other	
Mental Health Impairments	
Attention Deficit Disorder	
Attention Deficit Hyperactivity Disorder	
General Anxiety Disorder	
Sensory Impairments	
Hearing Disability	
Visual Disability	
Other	

Requested Accommodation

Indicate the specific accommodation(s) you are requesting; accommodation(s) must be applicable to the disability.

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Authorization

I, the undersigned, certify that the information I have provided is correct. I give permission to the OAT™ Program to contact the licensed professional (who diagnosed my disability) and/or the educational institution (that granted me previous testing accommodation) for additional information or clarification as needed. I authorize such professionals and educational institutions to provide the OAT™ Program with such clarification and/or further information as needed.

Candidate's Signature: _____

Date: _____