

Massage Therapists Association of Nova Scotia

Certification Examination

Special Testing Accommodations for Examination of Candidates with Disabilities

A candidate with a *documented* disability (physical or mental impairment) that substantially limits one or more major life activity (e.g. a visual, orthopedic, speech or hearing impairment, other health/physical impairment, or a specific learning disability), who needs modification to the usual testing conditions may request special testing accommodations (e.g. extra time or a reader) to take the certification examination on the regularly scheduled test dates.

The candidate's application **must** be accompanied by the following documentation:

- Accommodation Request Form (completed by candidate) **and**
- Accommodation Request Verification Form (completed by diagnosing professional)

If the candidate has a history of testing accommodation during the candidate's massage therapy education, the candidate **MUST** also submit the

- Confirmation of Accommodation History Form (completed by massage therapy school)

Documentation

Records/reports/evaluations/assessments not more than five years old (e.g. educational, medical, psychological) must also be submitted with these forms to document the candidate's disability and any history of testing accommodation. The documentation must include a specific diagnosis.

Any professional providing documentation must be registered/licensed and/or have credentials appropriate to diagnose and treat the candidate's disability, and have diagnosed and/or evaluated the candidate **within the last five (5) years**. For example, documentation of a specific learning disability, including the identification and classification of the disorder and recommendations for testing accommodations, is appropriately provided by an educational specialist, psychologist or counselor rather than a family physician.

In addition to the *Accommodation Request Verification Form*, the candidate must submit documentation which:

1. Provides specific diagnostic data (i.e. test results) in support of the diagnosed disability.
2. Establishes that a particular accommodation is necessary.

The documentation (e.g. psycho educational evaluation) should include general observations, a history of the disability, a description of its impact on the individual's functioning, identification of the specific standardized and professionally recognized tests/assessments given, the scores resulting from testing, interpretation of the scores and evaluation, and recommendations for testing accommodation.

Nature of Professional's Information

The professional is required to provide explanation as to the specific aspect of the disability which requires testing accommodation, the effect of the disability on the candidate's ability to perform under the customary testing conditions and the impact of the disability on major life activities (e.g. learning, seeing, hearing etc.). If there has been no history of testing accommodation, the professional verifying the disability should include an explanation as to why testing accommodations are currently needed. Where the request is in regard to a learning disability, the professional providing information should be a specialist in learning disabilities.

The candidate and the professional recommending the testing accommodation(s) should consult and come to an agreement as to the appropriate testing accommodations being requested. That is, the accommodations requested by the candidate on the **Accommodation Request Form** must agree with those recommended by the professional on the **Accommodation Request Verification Form**. Without such agreement the candidate's request for accommodation will not be considered. The candidate is responsible for ensuring that the professional(s) completing the requested forms provide(s) all of the required information, that all documentation is completed and that all supporting documentation and materials are submitted with the candidate's application for examination no later than three months prior to the application deadline date.

If additional information is required about the candidate's disability either the candidate will be requested to obtain it or MTANS will contact the professional directly.

Failure to provide documentation of appropriate clinical/diagnostic or psycho educational assessment/evaluation will result in the candidate's request for accommodation not being considered.

Exceptions

Persons with observable disabilities who are requesting wheelchair accessible or elevator accessible test sites need not complete the **Accommodation Request Form** or have a professional complete the **Accommodations Request Verification Form**. The candidate may indicate the request for elevator or wheelchair accessibility on the examination application form under the Special Access section.

Persons with transitory conditions which are generally not “disabilities” (e.g. pregnancy, sprains, fractures, medical emergencies) are not eligible for some special testing accommodations (e.g. extra time). Persons with temporary conditions in need of accommodations such as special seating should indicate the request on the examination application form under the Special Access section.

Review Process

Requests for special testing accommodations will be reviewed by MTANS. MTANS will notify the candidate of the status/disposition of the candidate’s request.

Candidates are **NOT** permitted to provide their own readers, or sign interpreters. Such assistance will be provided for the candidate by MTANS upon approval of the request. There are no exceptions.

With respect to matters related to testing accommodation, MTANS will only communicate with the candidate, professionals knowledgeable about the candidate’s disability, and the candidate’s authorized representative (verification required).

Test Accommodation Agreement

Where MTANS has approved an accommodation for an eligible candidate a **Test Accommodation Agreement** will be prepared by MTANS specifying the elements and exact nature of the accommodation(s) and signed by the candidate and the Registrar.

PLEASE RETAIN THE ABOVE PAGES FOR YOUR RECORDS

Massage Therapists Association of Nova Scotia

Accommodation Request Form for Candidates with Disabilities

Candidates with disabilities who are requesting testing accommodations for MTANS certification examinations must complete this form and return it with the examination application. Current documentation (within the last five years) of the disability from a qualified professional who is regulated or whose credentials are appropriate to diagnose and treat the disability, and make recommendations regarding appropriate testing accommodations must be enclosed with this application.

If the candidate has received accommodations during massage therapy education, the **MTANS Documentation of Testing Accommodation Form** must be completed by professional staff in the office of the school and enclosed with the candidate's examination application form also.

Examination Candidate Information

Please Print or Type

Name:					
Address:					
City:		Postal Code:			
Phone (w):		Phone (h):			
SIN #:		Previous Accommodation:	Yes or No (please circle one)		
Exam Date:		Repeat exam:	Yes or No (please circle one)		
Repeat exam date:					

Other Information

Nature of disability:	
Please describe:	

Accommodation Requested For Examination (Check all requested):

Multiple-Choice Examination (MCQ):

- **Assistance:**
 - Scribe to record answers on computer
 - Reader
 - Semi-private room
 - Sign Language interpreter
- **Other (specify):** _____
- **Extended time:** (this is a 115 minute multiple choice examination consisting of 100 questions delivered on computer); Please indicate the specific amount of extended time you are requesting _____
And provide a rationale for the requested time extension:

Objective Structure Clinical Evaluation (OSCE):

- **Formats:**
 - Large type (specify pt.)
 - Other (specify): _____
- **Assistance:**
 - Reader
 - Sign Language interpreter
- **Other (specify):** _____
- **Extended time:** (this is a 7 station examination; 12 minutes per station scenario)
 - Time and a half (18 minutes per station)
 - Other (specify time requested) _____**And** provide a rational for the requested time extension:

I certify that all the information provided by me on this form is true and correct. I authorize MTANS to contact the diagnosing professional for further information as needed with respect to this application.

Signature: _____

Date (d/m/y): _____

This form **MUST** be enclosed with your application to MTANS.

Massage Therapists Association of Nova Scotia

Accommodation Request Verification Form for Candidates with Disabilities

This form must be completed by a registered or qualified professional whose credentials are appropriate to diagnose and evaluate the candidate's disability and make recommendations as to appropriate testing accommodations for individuals with the disability. The professional must have treated, diagnosed or had some other professional relationship with the candidate *within the past five years*. Attach additional sheets as needed. Return this form with your application.

Examination Candidate (Patient) Information

Please Print or Type

Name:					
Address:					
City:		Postal Code:			
Phone (w):		Phone (h):			
SIN #:		Previous Accommodation:	Yes or No (please circle one)		
Exam Date:		Repeat exam:	Yes or No (please circle one)		
Repeat exam date:					

Registered/Qualified Professional Information

Name:					
Address (w):					
City:		Postal Code:			
Phone (w):		Title:			
E-mail:					
Business name:					

6. Based on your knowledge of this candidate's disability which of the following accommodations is recommended for the **multiple-choice** examination. (Check all that apply):
- **Assistance:**
 - i. Scribe to record answers on computer
 - ii. Reader
 - iii. Semi-private room
 - iv. Sign Language Interpreter
 - **Other (specify):** _____
 - **Extended Time:** (this is a 115 minute multiple choice examination consisting of 100 questions delivered on computer). Indicate a specific amount of extended time recommended: _____
And provide a rationale for the specific amount of extended time recommended: _____

The MCQ examination is administered via computer ONLY. Neither the screen colour nor font size can be changed. Please note that due to the nature of the examination, it cannot be delivered on paper.

7. How is the recommended accommodation(s) related to the candidate's disability?
8. Based on your knowledge of this candidate's disability which of the following accommodations are recommended for the **OSCE** examination (Practical)? (Check all that apply):
- **Formats:**
 - Large type (specify pt.)
 - Other (specify): _____
 - **Assistance:**
 - Reader
 - Sign Language interpreter
 - **Other (specify):** _____
 - **Extended time:** (this is a 7 station examination; 12 minutes per station scenario)
 - Time and a half (18 minutes per station)
 - Other (specify time requested) _____**And** provide a rationale for the requested time extension:

9. How is the recommended accommodation(s) related to the candidate's disability?

10. Please describe your professional relationship with this candidate which enables you to provide these recommendations for testing:

I certify that the information provided by me on this form is true and correct to the best of my knowledge.

Signature: _____

Reg. Number/Certification Number: _____

Date (d/m/y): _____

Massage Therapists Association of Nova Scotia
Documentation of Testing Accommodation Form

If a candidate received accommodations during massage therapy education this form should be completed by professional staff in the office of the school and enclosed with the examination application form.

Examination Candidate Information

Please Print or Type

Name:							
Address:							
City & Province:					Postal Code:		
Phone (w):			Phone (h):				

School Representative Information
(Certifying Testing Accommodation History in Massage Therapy Program)

Name:							
Address (w):							
City:					Postal Code:		
Phone (w):			Title:				
E-mail:							
Business name:							

Type of Accommodation Provided to Student

Multiple-Choice Examination (MCQ):

- **Assistance:**
 - i. Scribe to record answers on computer
 - ii. Reader
 - iii. Semi-private room
 - iv. Sign Language Interpreter
- **Other (specify):** _____
- **Extended Time:**
 - i. Amount of extended time given in school:

 - ii. Please provide normal length of school MCQ examination as well: _____

Objective Structure Clinical Evaluation (OSCE):

- **Formats:**
 - Large type (specify pt.)
 - Other (specify): _____
- **Assistance:**
 - Reader
 - Sign Language interpreter
- **Other (specify):** _____
- **Extended time:**
 - Amount of extended time given in school: _____
 - Please provide normal length of school OSCE stations as well:

Provide a rationale for the specified amount of extended time recommended for the written and/or the OSCE:

I certify that the information provided by me on this form is true and correct to the best of my knowledge.

Signature: _____

Date (d/m/y): _____