



DEPARTMENT OF  
CONSUMER AFFAIRS

Request for Examination Accommodations  
for Examinees with Disabilities

*Administered by the Department  
of Consumer Affairs Cemetery  
and Funeral Bureau*

**GUIDELINES AND FORMS**



## DISABILITY ACCOMMODATION REQUEST FOR EXAMINATION

This questionnaire should be submitted by the final published application deadline. **Requests must be supported by documentation certifying the disability from a qualified professional appropriate for evaluating the disability. Granting of a request for examination accommodations will be deferred until the necessary documentation is submitted.** Mail your completed questionnaire and documentation to: DCA, Cemetery and Funeral Bureau, 1625 North Market Boulevard, Suite S-208, Sacramento, California 95834

### PLEASE TYPE OR PRINT

1. I am applying to take the \_\_\_\_\_ examination.

2. Name (last, first, middle initial): \_\_\_\_\_

3. Address:

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State Zip Code

4. SSN: \_\_\_\_\_

5. Date of Birth: \_\_\_\_\_

6. What accommodation(s) are you requesting (please be specific)? Accommodation(s) must be appropriate to the disability.

---

---

---

---

---

---

---

---

7. Nature of Disability:

Chronic Health Problem

Hearing Disability

Learning Disability

Physical Disability

Visual Disability

Other \_\_\_\_\_

8. In order to document your need for accommodation as completely as possible, please attach, in addition to professional documentation, a personal statement describing your disability and how it impairs your ability to accurately exhibit knowledge and skill on the examination.

9. Certification/Authorization:

I certify that the above information is true and accurate. If test accommodations granted to me include a deviation from the standard testing time schedule, I agree that, from the time I begin the examination until I have completed it, I will not communicate in any way, to the extent possible, with any other individuals taking the examination and I will not communicate in any way with any such individuals about the content of the examination.

**Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

If clarification or further information regarding the documentation provided is needed, I authorize the state licensing authority to contact the professional(s) who diagnosed the disability and/or those entities which have granted me test accommodations. I authorize such professional(s) and entities to communicate with the state licensing authority in this regard to provide the state licensing authority with such clarification and/or further information.

**Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_



## PROFESSIONAL VERIFICATION OF REQUEST FOR ACCOMMODATION

The purpose of this form is to request your professional opinion concerning the disability and the accommodation requested. Please answer the two questions below and sign the certification. The opinion you provide will be used in evaluating this request.

The information contained on this form will be treated as a confidential medical record except that examination proctors and providers may be informed regarding necessary modifications to examination procedures, and first aid and safety personnel may be informed, when appropriate, if the disability might require emergency treatment.

### PLEASE TYPE OR PRINT

NAME OF APPLICANT: \_\_\_\_\_

1. Please provide an evaluation and findings and describe the individual's functional limitations (attach additional sheets if needed).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Please provide specific recommendation(s) for examination accommodations, including a detailed explanation of why the accommodations are needed.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I certify under penalty of perjury under the laws of the State of California that I have the necessary specialized training to make the above diagnosis, that I personally examined the applicant named above, and that the diagnosis and assessment of accommodation request is my professional judgment. I understand that the Cemetery and Funeral Bureau may contact me (with the applicant's permission) to obtain further information if necessary, and that the Bureau may obtain an independent assessment by a second professional.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name of Institution or Practice

\_\_\_\_\_  
Typed or Printed Name of Professional

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Title

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Date

\_\_\_\_\_  
Telephone Number (area code included)

## How to Request Examination Accommodations

1. Read the guidelines carefully.
2. Complete the attached form titled, “**Disability Accommodation Request for Examination.**” Please sign the form where indicated.
3. Obtain professional verification of your disability on the attached form titled, “**Professional Verification of Request for Accommodation.**”  
Note: If the request is limited to wheelchair space, or sitting in the front of the room, professional verification is not required.
4. Attach a personal statement describing your disability, and how it impairs your ability to accurately exhibit your knowledge and skill on the examination.

*Requests for examination accommodations must be received by the final published application deadline.*

## **Guidelines for Examinees with Disabilities Requesting Examination Accommodations**

The Department of Consumer Affairs (DCA) provides reasonable and appropriate accommodations for examinees with documented disabilities at no additional cost.

Examination accommodations are adjustments to the testing activity for an individual with a disability in order to ease the effect of the disability on the examination process. Reasonable accommodations vary according to the type and degree of the disability. Accommodations will be made on an individual basis, and will depend on the nature and extent of the disability, documentation provided, and the requirements of the examination.

### **Documentation**

Applicants requesting reasonable accommodations because of disabilities must provide appropriate documentation of the disability and specify the extent to which the standard examination procedures need to be modified.

The following documentation should be submitted to support a request for accommodations:

1. A completed **Disability Accommodation Request for Examination**, see attached form.
2. A completed **Professional Verification of Request for Accommodation**, see attached form. This form is to be completed by a qualified professional to evaluate the disability and describe the applicant's condition and its severity. The form should include:
  - a) An evaluation and specific findings (relevant history, tests administered, test results and interpretation of those test results)
  - b) A description of the individual's functional limitations due to the stated disabilities
  - c) Specific recommendations for examination accommodations including an explanation of why the accommodations are needed
  - d) Name, address, telephone number and qualifications of each professional expert who provides documentation.

The DCA reserves the right to request further verification, if necessary, of the professional's credentials and expertise relevant to the diagnosis being made. The DCA also reserves the right to require further evaluation of the applicant by a professional of its choice at its expense.

### **Time for Submitting Documentation**

An applicant must notify the DCA, Cemetery and Funeral Bureau in writing no later than the final published application deadline that he or she has a disability and is requesting examination accommodations. To accelerate the review process, applicants are urged to submit their request and supporting documentation as early in the application process as possible.

## **Examination Accommodations**

Examination accommodations include but are not limited to the following:

- Assistance in completing the answer sheet
- Audio tape
- Extended examination time
- Extra or extended breaks (without extended testing time for the examination
- Individual testing room )for those whose disability necessitates separation from all other examinees)
- Large print examination
- Printed copy of verbal instructions read by the proctor
- Reader

Other accommodations will be considered upon request.

### ***Application for Subsequent Test Accommodations***

If there is additional or different accommodations being requested, documentation for the new request must be submitted according to appropriate deadlines.



## NOTICE ON COLLECTION OF PERSONAL INFORMATION

### Collection and Use of Personal Information

The Cemetery and Funeral Bureau of the Department of Consumer Affairs collects the personal information requested on this form as authorized by Business and Professions Code Sections 30, 144, 7617.1, 7618, 7619, 7620, 7628, 7642, 7643, 7661, 7662, 7665, 7667, 9650, 9650.2, 9650.3, 9700, 9701, 9702.1, 9704, 9715, 9715.1, 9716, 9723, 9723.1, 9741, 9745, 9746, 9781, 9787.3 and the Information Practices Act. The Cemetery and Funeral Bureau uses this information principally to identify and evaluate applicants for licensure, issue and renew licenses, and enforce licensing standards set by law and regulation.

### Mandatory Submission

Submission of the requested information is mandatory unless otherwise noted on the form. The Cemetery and Funeral Bureau cannot consider your application for licensure or renewal unless you provide all of the requested information.

### Access to Personal Information

You may review the records maintained by the Cemetery and Funeral Bureau that contain your personal information, as permitted by the Information Practices Act. See below for contact information.

### Possible Disclosure of Personal Information

We make every effort to protect the personal information you provide us. The information you provide, however, may be disclosed in the following circumstances:

- In response to a Public Records Act request (Government Code Section 6250 and following), as allowed by the Information Practices Act (Civil Code Section 1798 and following);
- To another government agency as required by State or Federal law; or,
- In response to a court or administrative order, a subpoena, or a search warrant.

### Contact Information

For questions about this notice or access to your records, you may contact the Custodian of Records, Cemetery and Funeral Bureau at 1625 North Market Boulevard, Suite S-208, Sacramento, CA 95834, by phone at (916) 574-7870, or by e-mail at [emailcfb@dca.ca.gov](mailto:emailcfb@dca.ca.gov). For questions about the Department's Privacy Policy, you may contact the Department of Consumer Affairs at 1625 North Market Boulevard, Sacramento, CA 95834, by phone at (800) 952-5210, or by e-mail at [dca@dca.ca.gov](mailto:dca@dca.ca.gov).