North Carolina Code Official Qualification Licensure Board

ADA¹ Examinee Accommodation Request Form:

Code Official Qualification Exam

Information About the Exam:

The North Carolina Code Official Qualification Exam evaluates an individual's knowledge of the Standards of Practice, codes, and Board Rules pertaining to code official duties.

This exam is an online computer-based exam where the candidate will be monitored by a human being as well as automated proctoring. The exam can be taken at a location of the examinee's choice. Examinees may use their personal or employer's computer and must follow all the requirements outlined in the NC COQB Exam Administration and Rules.

This is a 150 question, multiple choice test, with Board approved reference(s) allowed. A calculator is provided within the exam software, and examinees may adjust the font size on the exam screen. The time allowed for this exam is 3 hours and 30 minutes. There is a 15-minute break scheduled mid-way through exams longer than 2 hours; however, following the break, examinees will not be able to return to exam questions previously submitted. Examinees are not allowed to use paper or writing instruments but may flag exam items they wish to return to in the software.

Applicants may not have food while taking the exam but are encouraged to have beverages.

Please complete the web form and download the "Professional / Provider Accommodation Form" to take to your qualified provider or qualified professional.

Email the completed "Professional / Provider Accommodation From".

Email: osfm.quest@ncdoi.gov

Please type in the Subject Line: **COQB ADA Accommodations** [Your initials]

¹ ADA refers to the Americans with Disability Act, and the Americans with Disability Act As Amended (ADAAA) effective January 1, 2009.

Information Needed from Examinee

	Dhonor
	Phone:
	Address:
	Email:
ur	e of the disability for which you are requesting an accommodation:
	Indicate the nature of your disability, the year it was diagnosed, and the date of your most receivaluation for this disability:
	Visual
	Physical
	ADHD
	Learning
	Psychological
	Hearing
	Other (specify)
	Year of Diagnosis:
	Date of most recent evaluation for this disability:
vio	ous Accommodations:
	Have you received exam accommodations? YesNo
	If you answered "yes", provide the name of the examination, exam date, and accommodations received:

Othe	r information:
	You may provide any other information here that you feel will help us in the evaluation of yo accommodation request:
lequ	nested accommodation:
dequ	dested accommodation: (Select all that apply)
Requ	
Lequ	(Select all that apply)

PROFESSIONAL/PROVIDER ACCOMMODATION FORM

<u>Information Needed from</u> <u>Qualified Professional / Qualified Provider</u>

(This section must be completed by a qualified professional or qualified provider who has evaluated or treated the applicant for their disability that is the basis for their ADA accommodation request.)

Professional's/Provider's Name:			
Professional's/Provider's Area of Expertise/Credentials (i.e. physician, licensed psychologist, licensed mental health professional, school official, instructor, licensed learning disability specialist, etc.):			
Professional's/Provider's Contact Information:			
Phone:			
Address:			
Email			

ature of Disability:
Indicate the nature of the applicant's disability:
Visual
Physical
ADHD
Learning
Psychological
Hearing
Other (specify)
lease indicate which, if any, of the examinee's <u>major life activities</u> are substantially limited by neir disability:
SeeingHearingLearningReading
ConcentratingThinkingCommunicating
Other (please specify)
lease indicate which, if any, of the examinee's <u>major bodily functions</u> are substantially limited by neir disability:
NeurologicalEndocrineDigestive/Bladder
Respiratory Circulatory Immune
Other (Please specify)
lease provide a brief description of how the examinee's disability impacts their ability to take the kam described above:

Please indicate the accommodation that will, in your opinion, best assist the examinee taking the examination: Extended time. If you selected extended time, please select the amount of extra time that is appropriate to accommodate the examinee: 30 minutes 1 hour 2 hours Other length of time (please specify) Read-out loud software. (Exam text to be read out loud. This accommodation is done by computer, not by a live reader.) Other. Please describe recommended accommodation and indicate the reason you are recommending this specific accommodation pertaining to the examinee's disability. (Please note that requesting accommodation does not guarantee that this specific accommodation will be available.) Please provide any other information you feel may be helpful in evaluating the examinee's request for ADA exam accommodations: Professional/Provider Signature Date

Professional/Provider Phone Number

Name of Professional/Provider Institution

Printed Name