



DENTAL BOARD OF CALIFORNIA

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TESTING ACCOMMODATIONS REQUEST

Attachment A

To Be Completed by the Candidate

If you have a disability and need a testing accommodation to take a licensure examination, you can submit either this form or a written request for accommodation with documentation of your impairment and need for specific accommodation(s). This documentation can be in the form of proof of past testing accommodation(s) or certification by an evaluator of your impairment and your need for specific accommodation(s). The evaluator can submit Attachment B for certification. Your request package will be kept confidential to the extent provided by law. Specific accommodations granted will be disclosed to the testing vendor.

Submit your request and supporting documentation to: DA.Program@dca.ca.gov

Candidate information

Name

Address

City State Zip Code

Telephone Email

- I. The examination(s) I am requesting to take:
II. What major life activity(ies) does your impairment substantially limit in comparison to most people in the population? (You are not required to give your diagnosis.)

- III. The testing accommodations(s) I am requesting is/are:
Separate testing area
Extended testing time
Specified breaks during testing
Other:
Written instructions
Screen Reader
Use of personal items due to impairment:

I attest that the information I have provided on this form is true and correct.

Candidate Signature Date

Failure to provide documentation of an impairment and need for specific testing accommodation(s) will result in denial of the request. Applicants have the right to review records subject to the provisions of the Information Practices Act.



**TESTING ACCOMMODATIONS - EVALUATION** **Attachment B**

To Be Completed by an Evaluator

**I. Candidate Name** \_\_\_\_\_

The Candidate named above is requesting testing accommodation(s) for the following examination(s):

\_\_\_\_\_

Format of examination(s):                       Multiple choice                       Practical                       Essay

**II. Evaluator Information**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
License Type

\_\_\_\_\_  
License Number

**III. Please respond to the following:**

1. Does the Candidate's disability substantially limit major life activity(ies) in comparison to the general population?

Yes     No

2. How would the Candidate's disability(ies) affect their ability to perform based on the format of the examination(s) listed above?

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

3. Based on the above, please list and explain the testing accommodation(s) you recommend:

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

4. Is the Candidate's need for testing accommodation(s):

Temporary      Accommodation End Date: \_\_\_\_\_

Permanent

*I attest to the existence of a disability with limitations and the need for the accommodation(s) above.*

\_\_\_\_\_  
Evaluator Signature

\_\_\_\_\_  
Date