

Exam Accommodations

The ASA/SSSA Certification Programs follow standard practices for accommodations and adheres to the American with Disabilities Act (ADA) guidelines for exam accommodations. Please refer the ADA document on Testing Accommodations, which can be found on the ADA website <https://www.ada.gov/resources/testing-accommodations/>.

Determining Accommodations

The first step in the process of requesting exam accommodations is to determine what type of accommodations are needed. You will be required to fill out and submit an Exam Accommodations Request Form for any requested accommodations. The amount of information that you will be asked to provide will depend on the type of accommodation being requested.

- Medical Devices - These do not require exam delivery accommodations but do require notification.
 - Pre-approval is required, and documentation must be submitted to the ASA/SSSA Certification Office for the following so that a note is in the remote proctor's file.
 - Insulin pump
 - Glucose monitor
 - Hearing aid/cochlear implant
 - Any other device that would need to be on the desktop or used during the exam.
- Minor Accommodations (minor accommodations do not affect how the exam is delivered)
 - Pre-approval is required, and documentation must be submitted to the ASA/SSSA Certification Office.
 - Health needs may be conditions related to epilepsy, immune function, circulation, respiration, etc.
 - Minor accommodations such as special lighting, breaks where the exam clock is not stopped for medication, for a snack, etc.
- Accommodations
 - Form must be submitted to the ASA/SSSA Certification Office with the required documentation for the requested accommodation. Examples include, but are not limited to:
 - Extended exam time.
 - Breaks where the exam clock is stopped for medication, restroom, etc.
 - Screen magnification.
 - Alternate exam format (e.g., paper/pencil, large print).
 - Assistance for hard of hearing or low vision.

Completing the Exam Accommodations Request

The ASA/SSSA Certification Office requires that an Exam Accommodations Request Form (Request) be submitted no less than 30 days prior to the exam administration that the examinee is registering for. The Request had 6 Parts that must all be completed before accommodations can be considered. The ASA/SSSA Certification Office will respond to the Request as soon as possible, but within 7 to 10 business days, to allow ample time for additional questions/documentation and for the examinee to be able to prepare for the exam.

The Exam Accommodations Request Form is comprised of 6 Parts as shown below. Please make sure that each Part is filled out fully.

- Part 1. Examinee Information
- Part 2. Exam Information
- Part 3. Accommodations Information
- Part 4. Examinee History
- Part 5. Disability Documentation
- Part 6. Authorization and Signature of Examinee

A fillable pdf version of the Request form is available on the Certified Crop Adviser website at <https://www.certifiedcropadviser.org/exams/registration/> and the Soils Exams website at <https://www.soils.org/certifications/exam-information/>. You can fill in the information and print that form for submission. Alternatively, the Request is also located at the end of this document and can be printed and filled out. Please print legibly. If we cannot read your writing it will delay consideration of your request.

Documentation of Disability

Documentation of your disability is necessary to provide evidence of current limitations to physical or mental functions that would support the need for accommodations. Therefore, the documentation submitted should be detailed and provide a narrative of specific limitations that support a request for accommodations.

- Documentation must be submitted on official letterhead from qualified professionals that are licensed or otherwise properly credentialed and possess expertise in the disability for which modifications or accommodations are sought.
- Clinical evaluations must be performed by a licensed/certified or otherwise qualified professional with credentials appropriate to diagnose and treat the disability (i.e., physician, psychologist, or specialist). Information about the qualified professional's area of specialization and professional credentials, including certification and licensure, should be clearly delineated in the documentation that is provided.
- Disability documentation must be detailed and specific. Documentation for all disabilities should describe the extent of the disability, the criteria for the diagnosis, the diagnosis, the type and length of treatment and the recommended accommodation. Terms such as "problems," "deficiencies," "weaknesses," "differences" and "learning disability" are not the equivalent of a diagnosed specific disability (such as ADHD, Dyslexia, Multiple Sclerosis, etc.).
- For a temporary disability, the documentation should clearly indicate the impact of the disability as well as the anticipated length of the recovery.
- Documentation should be no more than 3 years old.
- Appropriate documentation will be dependent upon the disability and the type of exam accommodation being requested
- Proof of past exam accommodations (also see below).
- An applicant's statement of his or her history regarding exam accommodations.

Using Previously Approved Accommodations

The ASA/SSSA Certification Programs will approve accommodations for a calendar year. If you were approved for accommodations in the past year, you may notify the ASA/SSSA Certification Office that you wish to use the previously approved accommodation again. The ASA/SSSA Certification Office will work with you to provide those accommodations again.

Submitting your Exam Accommodations Request Form and Supporting Documentation

Signature Block: – please carefully read the signature block, the text of the signature block is below.

Remember you must request accommodations at least 30 days prior to the exam administration for which you are requesting accommodations.

You may either email or send the Request to the ASA/SSSA Certification Office using the information below.

Please mark your Request package as Confidential.

Email (preferred): examaccommodations@sciencesocieties.org

Mail/UPS/FedEx:

ASA/SSSA
Exam Accommodations
5585 Guilford Road
Madison, WI 53711

American Society of Agronomy and Soil Science Society of America Exam Accommodations Request Form

The American Society of Agronomy (ASA) and the Soil Science Society of America (SSSA) complies with the Americans with Disabilities Act including changes and amendments. ASA and SSSA will make reasonable accommodations for applicants with disabilities. Applicants are responsible for any costs incurred in obtaining the required diagnosis and documentation for an accommodation recommendation.

Examinees wishing to request special accommodations under the American with Disabilities Act (ADA) must apply to the ASA/SSSA Certification Office a minimum of 30 days prior to the beginning of the exam administration that the examinee is seeking accommodation. Examinees must complete this Exam Accommodation Request Form and submit it to the ASA/SSSA Certification Office in Madison, WI either online or by postal service.

Please complete all six parts of the form. Incomplete requests with insufficient information or documentation will result in delaying the processing of your request.

- Part 1. Examinee Information
- Part 2. Exam Information
- Part 3. Accommodations Information
- Part 4. Examinee History
- Part 5. Disability Documentation
- Part 6. Authorization and Signature of Examinee

The ASA/SSSA Certification Office will acknowledge receipt of your accommodations request via email to the address that you provide or that we have on file. If you do not receive a message acknowledging our receipt of your request within a few days of submitting your request, please contact the ASA/SSSA Certification Office.

The ASA/SSSA Certification Office will respond to your request within 7 to 10 business days of receipt. Upon review of your submission, you will be advised of the accommodations that will be provided or you may be asked for additional documentation. If additional documentation is requested, a timeframe for receipt of that information will be discussed.

Part 1. Examinee Information

First Name: _____ Last Name: _____

Street Address: _____

City: _____ State/Province: _____

Postal Code: _____ Country: _____

Telephone Number: _____ Email: _____

Date of Birth: _____

Part 2. Exam Information

What exam(s) are you taking?

- International Exam CCA Local Board Exam CCA Specialty Exam
 Soil Science Fundamentals Exam Soil Professional Practice Exam

Which Board or Specialty Exam? _____

Part 3. Accommodations Information

What is the disability that you are requesting accommodations for?

Please describe any equipment, devices, food, medication, etc. (due to a medical condition).

Check the applicable boxes regarding the requested accommodation(s).

- Breaks/amount of time requested (indicate #per hour and length):_____
- 25% Additional Exam Time (time and 1/4)
- 50% Additional Exam Time (time and 1/2)
- Other Additional Exam Time
- Alternate Exam Format - Paper/Pencil
- Screen Magnification/Brightness/Color
- Other – please specify:_____

Part 4. Accommodation History

History - List examinations for which you have been provided accommodations and provide supporting information. If you have been approved by the ASA/SSSA Certification Office within the last year please provide the date and exam that was approved, you will not need to resubmit documentation. If it has been longer than 1 year, please include current documentation in Part 5 of this document, below.

Part 5. Disability Documentation

Appropriate and current documentation must accompany this request for accommodation. There is a checklist provided below to help ensure that the required documents are being submitted. Please attach any letters, evaluations, recommendations, etc. to this Exam Accommodations Request Form in support of your request.

Documentation Checklist

- Detailed statement describing the disability including the severity, and justification for the requested accommodations.
- Comprehensive medical and/or psychological evaluation on letterhead from a qualified professional for evaluating the disability and severity including a) a description of the functional limitations of the disability, b) specific recommendations for exam accommodations, including why these specific accommodations are needed, and c) if the documentation is greater than 1 year old, a written confirmation from a qualified professional that the disability is still actively being managed.
- Copies of supporting documentation stating the details of past granted accommodations provided by a university (educational institution (if applicable) or medical professional. This would include student disability/accessibility services at an educational institution or medical/psychological specialist.

Part 6. Authorization and Signature of Examinee

By signing below, I affirm that

- To the best of my knowledge, the information that I am submitting on this form and any attached documentation is true and accurate.
- I acknowledge that the information being submitted herein or being submitted on behalf of myself is confidential to the ASA/SSSA Certification Office and will not be shared with anyone else unless expressly authorized by me in writing.
- I understand that I authorize the ASA/SSSA Certification Office to obtain additional information from entities or professionals that have evaluated or treated my disability if needed to determine whether a requested accommodation is warranted and appropriate. I authorize such entities and professionals to provide the ASA/SSSA Certification Office with the requested information.

Examinee Signature: _____ Date: _____

Printed Name: _____

You may either email or send the Request to the ASA/SSSA Certification Office using the information below.

Please mark your Request package as Confidential.

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