ONCC Testing Accommodations Request Form

The Oncology Nursing Certification Corporation (ONCC) will provide reasonable accommodations for test candidates with disabilities that are covered under the Americans with Disabilities Act (ADA), as amended. Candidates requesting testing accommodations must submit the Testing Accommodations Request Form by mail or fax within five business days of applying. In addition:

1. You must complete and submit the ONCC Testing Accommodations Form within five days of applying to test.
2. Additional documentation may be requested to support the request for testing accommodations. You are responsible for obtaining any additional documentation requested by ONCC.
3. All documentation submitted in support of a request for testing accommodations, including this form, will be kept confidential.
4. After your test application and accommodations are approved, ONCC will send you an email with a link to an additional form that must be completed and submitted to PSI (the test delivery vendor) to ensure the appropriate accommodations are provided. You should wait until you receive your ATT to complete and submit the form to PSI.
5. PSI will contact you to schedule your testing appointment based on the information you provided on the PSI form. When your appointment has been scheduled, PSI will send you an email confirmation.
6. Test results reports will contain no indication that a test was taken with a testing accommodation.
7. All ONCC tests are administered by computer-based testing. There is NO paper and pencil test available.
8. Questions should be directed to ONCC (via email or by telephone 877-769-6622).

SECTION ONE: TO BE COMPLETED BY THE CANDIDATE REQUESTING TESTING ACCOMMODATIONS

Last Name ______ First Name ______ Middle Initial ______

Home Address ______

City ______ State ______ Zip Code ______

Home/Cell Phone Number ______ Email Address ______

Test: OCN® AOCNP® CBCN® CPHON® BMTCN®

SECTION TWO: TO BE COMPLETED BY A LICENSED PHYSICIAN (MD/DO), PSYCHIATRIST, OR CLINICAL PSYCHOLOGIST

The professional evaluation must have been made by a licensed individual who is qualified to diagnose the specific illness, and been made no earlier than three years prior to application.

Specific Diagnosis(es) ______

Treatment/Medication History ______

Date of Initial Diagnosis and Treatment ______ Date of most Recent Evaluation ______

Current Treatment/Medication Status ______

List the specific diagnosis tests performed and conclusion based on diagnostic tests: ______

Describe accommodations that have been provided in the past: ______

Specific recommended accommodation(s) for the certification test (check all that apply):

- Special seating or other physical accommodation ______
- Extended testing time (indicate whether 1.5 hours or 3 hours of additional time is required)
- Separate testing room
- Other, please describe: ______

Professional's Name ______ Credentials ______

Address ______

City ______ State ______ Zip code ______

Phone Number ______ Email Address ______

Professional License Number ______ State of Licensure ______

Specialty certification/qualifications ______

Signature ______ Date ______

Return this completed form (and any additional documentation you wish to submit) to oncc@oncc.org or by fax to 412-859-6167 within 5 days of applying.