



NATIONAL ENERGY MANAGEMENT INSTITUTE COMMITTEE



# Request of Accommodation for Special Needs Policy

Version 221004

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3180 Fairview Park Drive, Suite 400  
Falls Church, VA 22042

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### Document Version Control Table

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# 1 OVERVIEW

## 1.1 Purpose

The ICB shall verify and accommodate special needs, within reason and where the integrity of the assessment is not violated, taking into account national regulation.

## 1.2 Applicability

This policy applies to all ICB certification exams.

## 1.3 Procedure

The ICB shall process a request for accommodation of special needs as follows:

1. The exam applicant shall ensure that all documentation (see Section 1.4 below) is submitted to the ICB prior to the scheduled exam.
2. The ICB shall review all submitted documentation for completeness and may contact the applicant to obtain additional information.
3. The ICB shall determine the practicability of requested accommodations, taking into account all relevant conditions including, but not limited to, the details of the documented disability and the accommodation's potential effect on the integrity of the exam.
4. An applicant who was denied accommodation may appeal this decision in accordance with the procedures for resolution of an appeal described in the ICB Certification Manual.
5. The ICB shall arrange for accommodation of special needs for approved applicants.
6. The ICB shall place records of the procedure in the applicant files.

## 1.4 Documentation

1. Applicant Request of Accommodation Form (see Attachment 1)
  - a. This form shall be completed by the exam applicant. The exam applicant shall provide a copy of this completed form to the person who will be completing the Qualified Professional Documentation of Disability Form.
2. Qualified Professional Documentation of Disability Form (see Attachment 2)
  - a. This form may be completed by qualified professional who has made an individualized assessment of the exam applicant that supports the need for the requested accommodations. Qualified professionals are licensed or otherwise properly credentialed and possess expertise in the disability for which accommodations are sought by the exam applicant.

The exam applicant is responsible for submitting all documentation to the ICB. Documentation may be submitted either by mail to the address listed below, or via email to [icb@icbcertified.org](mailto:icb@icbcertified.org). The subject line of the email shall read **Request of Accommodation for Testing**.

Request of Accommodation for Testing  
International Certification Board  
3180 Fairview Park Drive, Suite 400  
Falls Church, VA 22042

# Attachment 1: Applicant Request of Accommodation Form

## Applicant Request of Accommodation Form

This form shall be completed by the exam applicant. You may include documentation supporting your request for an accommodation. Examples of documentation include:

- Proof of past testing accommodations
- Observations by educators
- Results of psycho-educational or other professional evaluations
- Your history of diagnosis
- A qualified professional's recommendation. You may use the attached Qualified Professional Documentation of Disability Form to submit a qualified professional's recommendation.

### Applicant Information

Name:

Address:

City:  State:  Zip:

Home Phone:  Cell Phone:

Email Address:

### Exam Information

Name of ICB Exam:  Exam Date:

Address:

City:  State:  Zip:

### Description of Disability

### Accommodation Requested

### Accommodation History

List any previous accommodations provided to you by either the ICB or other organizations.

Accommodation	Organization	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Applicant Signature:

# Attachment 2: Qualified Professional Documentation of Disability Form



## Qualified Professional Documentation of Disability Form

This form may be completed by a qualified professional who has made an individualized assessment of the exam applicant that supports the need for the requested accommodations. Qualified professionals are licensed or otherwise properly credentialed and possess expertise in the disability for which accommodations are sought by the exam applicant. The nature of the disability, a description of past accommodations made for the disability, and the specific accommodations requested should be included.

I have known  since  in my capacity as a(n)  
(Name of Exam Applicant) (Date)  
   
(Qualified Professional Title) (Board Certification)

The exam applicant discussed with me the nature of the exam being administered. It is my opinion that because of this exam applicant's disability described below, they should be accommodated as requested on the *Applicant Request of Accommodation Form*.

### Comments on Disability

### Qualified Professional Information

Signature:  Date:   
Title:   
Organization:   
License # (if applicable):  Phone #:

The exam applicant is responsible for submitting all documentation to the ICB. Documentation may be submitted either by mail to the address listed below, or via email to [icb@icbcertified.org](mailto:icb@icbcertified.org). The subject line of the email should read **Request of Accommodation for Testing**.

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