ADA ACCOMMODATIONS REQUEST PACKAGE

Contains:
- Candidate Accommodation Request Form
- Certification Exam Accommodation Request Form
- Professional Evaluation Form

Mail to:
Certification Dept. 8669 N.W. 36th Street # 130, Miami-FL33166

Email to:
certification@aws.org

Fax to:
(305)443-6445
Certification Examination ADA Accommodations Request Package

Effective: May 2017

AWS strives to provide an equal testing opportunity for all candidates. The purpose of any special accommodations is to ensure that the examination results reflect a candidate’s aptitude or other factor that the exam is designed to measure, rather than reflecting the candidate’s sensory, manual or psychological skills (except where those skills are factors the exam is designed to measure).

We ask all candidates requesting an accommodation to take the time to carefully complete this package before submitting their request. We are unable to process incomplete or late Accommodation Requests. The applicant is responsible for making the request and for providing qualifying documentation of the need for a special accommodation by the examination deadline date, which is six weeks prior to the exam.

To help you in your request, please keep the following in mind as you complete this packet:

- Only Prometric test sites are wheelchair accessible and no request is needed. For all paper based exam, please submit a request form.
- You MUST either have an appropriate professional (an internist, for example, is not appropriate to diagnose a mental disorder or reading disability) complete the Professional Evaluation Form OR provide existing documentation from the person(s) who granted you the same or similar accommodation you are now requesting in another formal testing environment (the Professional Evaluation Form must still be returned with the appropriate box marked).
- We can NOT make any accommodations of a “personal nature” (lifting or feeding, for example).
- Any documentation provided in support of the processing of your application, shall not be dated back more than one (1) year from your accommodation request.
- If you choose to provide existing documentation of a similar accommodation, you may be required to provide additional verification.

Please note this application is valid for one (1) year from the approval date. If you wish to test with accommodations after your approval expiration date, you must resubmit a new application for processing.

Requests for accommodations will be reviewed on a case-by-case basis. Accommodations are provided on an individual basis and depend on the nature of the disability, documentation provided, and the requirements of the examination. AWS reserves the right to request further information, including additional verification, if necessary, of the evaluating professional’s credentials and expertise relevant to the diagnosis. AWS also reserves the right to require further evaluation of the applicant by a professional of its choice at its expense. An aspect of a particular accommodation may include taking the examination at a particular test site.

No accommodation will be offered which fundamentally alters the measurement of the skills or knowledge the examination is intended to test, or which is an undue hardship to AWS.

For AWS Use Only

| Director: ___________________________ | □ Accept | □ Reject |
| Director: ___________________________ | □ Accept | □ Reject |
| Reason: ____________________________________________________________________|
| __________________________________________________________________________|
| __________________________________________________________________________|
| __________________________________________________________________________|

ADA Certification Policy 1195  Page 1 of 6  May 31, 2017
CANDIDATE ACCOMMODATION REQUEST FORM

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Middle Initial</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home Telephone</td>
<td>Work Telephone</td>
</tr>
<tr>
<td>Email</td>
<td>Date of Birth MM/DD/YY</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Site of Exam (s) Requested:</th>
<th>Earliest Date you are available to test:</th>
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</thead>
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Disability:

Additional Testing time:
- _____Thirty Minutes
- _____50% (Time and One Half)
- _____100% (Double time)

Assistance granted is dependent upon examination

Assistance:
- _____Reader
- _____Recorder of Answers
- _____Sign Language Interpreter (For spoken Directions only)

Assistance granted is dependent upon examination

Additional Comments:

For exams held in Prometric computer based testing sites:

In order for AWS to accommodate your approved request for a Reader/Recorder/Sign Language Interpreter or equipment, we require a minimum of 10 business days prior notice to ensure your accommodation can be met. Approved requests for standing Table Tops require a minimum of 14 business days to allow for shipment and delivery.

Provide existing documentation from person(s) who granted same or similar accommodation in another formal testing environment.

PLEASE READ AND SIGN:

I authorize release of the attached forms to AWS staff to review and arrange the requested accommodation, with Prometric as necessary.

I give permission for my diagnosing professional to discuss with AWS staff my records and history in as much as they relate to the requested or suggested accommodation.

I understand that if I choose to provide existing documentation of the same or a similar accommodation, I may be required to provide additional verification, including completion of the Professional Evaluation Form.

Signature: __________________________________________ Date: __________________________
Certification Exam Accommodation Request Form

All exams are written on white paper in black Arial font, size 12, as this sentence is written.

Provided below is a brief summary of each certification exam. For the certification exam, you are taking, check the box for the exam part(s) you are requesting accommodations for:

### Certified Welding Inspector and Associate Welding Inspector (CWI and CAWI)

3 part exam taken in 1 day in a classroom setting:
- □ Practical Part B exam: 46 questions taken in 2 hours using plastic replica specimens and a 27-page Book of Specifications. This is a skill, knowledge, and lookup reference exam. Candidates must measure small to large characteristics on weld replicas using tools, answer questions based on those measurements, and reference a specification book to further determine correct answer.
- □ Codebook Part C exam: 50-60 questions taken in 2 hours. Open book exam where examinees must quickly navigate through a technical code book to answer questions.

### Certified Welding Educator

2 part exam taken in 1 day in a classroom setting:
- □ Practical Part B exam: 46 questions taken in 2 hours using plastic replica specimens and a 27-page Book of Specifications. This is a skill, knowledge, and lookup reference exam. Candidates must measure small to large characteristics on weld replicas using tools, answer questions based on those measurements, and reference a specification book to further determine correct answer.

### Senior Certified Welding Inspector

2 part exam taken in 1 day at Prometric:
- □ Part A exam is 138 questions. Open book exam where examinees must quickly navigate through reference materials to answer questions.
  >30 min. Break
- □ Part B exam is 62 questions taken in 2 hour sessions each. Open book exam where examinees must quickly navigate through reference materials to answer questions.

### Certified Welding Supervisor

2 part exam taken in 1 day at Prometric:
- □ Part A exam is 150 questions with some illustrations taken in 2 hours. Open book exam where examinees use reference materials to answer questions.
  >30 min. Break
- □ Part B exam is 30 questions taken in 2 hour sessions each. Open book exam where examinees use reference materials to answer questions.

### Certified Welding Sales Representative

Single part exam taken in 1 day at Prometric:
- □ Single part exam is 60 questions taken in a 2 hour session. This is a closed book exam.

### 9 Year Recertification Certified Welding Inspector by Part B Exam

Single part exam taken in 1 day in a classroom setting:
- □ CWI Practical Part B exam: 46 questions taken in 2 hours using plastic replica specimens and a 27-page Book of Specifications. This is a skill, knowledge, and lookup reference exam. Candidates must measure small to large characteristics on weld replicas using tools, answer questions based on those measurements, and reference a specification book to further determine correct answer.
**Certification Exam Accommodation Request Form (cont’d)**

**Certified Radiographic Interpreter**

3 part exam taken in 1 day in a classroom setting:
- General Part A exam: 70 multiple choice questions with some illustrations taken in single 3 hour session with part C. Open book exam where examinees must use reference materials and standards to answer questions.
- Practical Part B exam: 40 multiple choice questions taken in 3 hours open book exam evaluating radiographs using reference materials and standards to answer questions.
- Code Specific Part C exam: 78 multiple choice questions taken in a 3 hour session with part A. Open book exam where examinees must use reference materials and standards to answer questions.

**Certified Welding Engineer**

4 part exam taken 2 separate days in a classroom setting:
- Parts 1 and 2: Each part is 2 hours with written multiple choice questions with some illustrations. The first two parts of the exam are closed book given together and must be passed together.
- Parts 3 and 4: Open book examinations 3 hours each. Part 3 is a 45 question essay exam and Part 4 is a 39 question multiple choice exam.

**Certified Robotic Arc Welding Operator & Technician**

2 part exam taken in 1 day in a classroom setting:
- Part B Practical: Consists of 30 tasks to be completed in sequential order. Both exam parts are taken in a single 2 hour session.

**Endorsement Examination**

Single part exam taken in 1 day at Prometric:
- All endorsement exams with the exception of the Structural Drawing Reading exam are open book format. The exams are between 30-60 questions with some illustrations.
PROFESSIONAL EVALUATION FORM

This section must be completed by the professional expert who provides ADA documentation. All exams are written on white paper in black Arial Font, size 12, as this page is written. For information regarding an exam, visit our website at www.aws.org/certification or see page 2 & 3 of this package.

To the Professional:

By submitting this form with your signature and license number listed, you are verifying that you have formally diagnosed the candidate named on this form as having the disability documented below or, in your professional capacity; you have worked with the candidate in dealing with the disability documented on the following page. You further verify that the accommodation you recommend is necessary to fairly demonstrate the candidate’s ability in a licensure exam.

The purpose of any special accommodation is to ensure that the examination results reflect a candidate’s aptitude or other factor that the exam is designed to measure, rather than reflecting the candidate’s sensory, manual or psychological skills (except where those skills are factors the exam is designed to measure). Our intent is to provide equal opportunity for all candidates. The accommodation must not unfairly advantage or disadvantage the candidate.

Please call us if you have any questions regarding the exam or response format, physical environment, required documentation or determination of appropriate and reasonable accommodations. For example, while a reader or scribe is a reasonable accommodation, providing a written paper exam for a computer-based test or a computer-based test for a written paper exam is a VERY difficult request to honor and is generally not considered reasonable. Finally, AWS is unable to accommodate a request for “unlimited time.” If extra time is needed, please specify the amount.

Exam Candidate Name: _______________________________________________________________

Professional (Please Print your Name): ___________________________________________________

Address: ___________________________________________________________________________

City, State, ZIP: ____________________________________________________________________

Telephone Number: __________________________ Alternate Number:_____________________

E-Mail: ____________________________________________________________________________

License Number: __________________________ State of Licensure: _________________________

Board Certification: __________________________________________________________________

Signature of Professional: __________________________________ Date: ______________________

* Candidate’s diagnosis and your recommendation on back page (Attach additional pages if needed.)
PROFESSIONAL EVALUATION RECOMMENDATION
To Be Completed Only By A Licensed Professional

Exam Candidate Name: ________________________________

Diagnosis: (Note: mental and emotional disabilities must include diagnosis code from DSM-III-R or DSM-IV.)
I have known ____________________________ (applicant) since _____________ (date) in my capacity as a ____________________________. The candidate has been diagnosed with the following disability:

__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

Please refer to pages 2 & 3 of this package

I have discussed with the candidate and AWS staff the nature of the test to be administered. It is my opinion that because of the candidate’s disability, the candidate should be accommodated by AWS or Prometric providing the following:

__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
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__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

Signature of Professional: __________________________ Date: ________________

Name (printed): __________________________ Title: __________________________