



Request for Accommodations under the Americans with Disabilities Act (ADA)

PART 1

This form is to be filled out by the Candidate, the person(s) who will assist the Candidate, and the Candidate's Healthcare Professional.

The Candidate shall submit the completed form to 360training/Learn2serve at least 10 business days prior to the requested Accommodation for taking the exam. 360training/Learn2Serve will respond via email to the Candidate within 5 business days with an approval, denial or modification request.

Requests submitted without completing this form including Page 3 (from licensed HCP) will not be processed and may result in denial.

Email completed form to: Learn2ServeCertified@360training.com

Candidate Full Name	
Candidate Username	
Candidate Contact No.	
Candidate E-mail	
Date sent to 360training	Click or tap to enter a date.
Nature of disability	<input type="checkbox"/> Hearing <input type="checkbox"/> Learning <input type="checkbox"/> Visual <input type="checkbox"/> Psychiatric <input type="checkbox"/> Physical <input type="checkbox"/> Other, please specify _____
How long ago was the disability diagnosed?	<input type="checkbox"/> Less than 1 year <input type="checkbox"/> 1–2 years <input type="checkbox"/> 2–5 years <input type="checkbox"/> Over 5 years
Have you previously received accommodations in any educational or testing situation?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe the accommodations received _____
In order to fully document your need for accommodations, please include a brief personal statement describing your disability and its impact on your daily life and educational functioning.	
Which of the following accommodations are you requesting?	<input type="checkbox"/> Extended Exam Time (up to 50%) <input type="checkbox"/> Sign Language interpreter <input type="checkbox"/> Screen Magnifier/Zoom Technology <input type="checkbox"/> Reader/Translator (Fill & Sign reader/Translator non-disclosure and confidentiality Agreement, Part 2) <input type="checkbox"/> Other, please specify, _____



I certify that the information provided above is true and accurate.

Signature: _____ Date: _____

Note: The information should be current. Because the provision of reasonable accommodations is based on assessment of the current impact of the applicant's disability on the testing activity, it is in the individual's best interest to provide most current information. As the manifestations of a disability may vary over time and in different settings, in most cases an evaluation should have been conducted within the past three years. Certain conditions such as some physical and psychiatric conditions are subject to change and should be updated for current functioning.

PART 2

Translator Requirements

Translators must meet the following requirements to be approved for providing assistance to the candidate.

Requirements include:

(Please tick each box to indicate that you have read and understood each statement)

- Be fluent in English and the examinee's native language.
- Have a recognized skill in language translation.
- Have no personal relationship with the examinee (may not be another examinee, may not be a relative or friend of the examinee, and may not be a co-worker, employer, or an employee of the examinee).
- Not be a Certified Food Protection Manager nor have any vested interest in food protection manager certification or conflict of interest.
- Agree in writing to maintain the security of the examination (Nondisclosure & Confidentiality Agreement must be signed) and returned with this form.
- Provide references or other proof attesting to the translator's competencies and professional acumen

Non-Disclosure for Reader/Translator or Other Person Providing Assistance under a Request for Accommodation

I, [insert name of person providing assistance], understand that by providing assistance to [insert Candidate name] during the administration of the 360training/Learn2Serve Exam, I will have access to the content of the Examination.

The content and all information reviewed is considered privileged, proprietary and strictly confidential. The Candidate will be held liable for any breach of this Form.

In order to preserve the integrity of the 360training/Learn2Serve Exams, I agree not to disclose the content of the Examination to any person other than the Candidate named above, and even then, only during the administration of the Exam. I understand that disclosure includes, but is not limited to, verbal descriptions, images, or written descriptions of either the questions or the available responses.



Conflict of Interest Statement for Reader/Translator or Other Person Providing Assistance under a Request for Accommodation

I, [insert name of person providing assistance], acting as an assistant to [insert Candidate name] during the administration of the 360training/Learn2Serve Exam certify to the following:

(Please tick each box to indicate that you have read and understood each statement)

- I have a recognized skill in language translation
- I am not a trainer for the subject/field/expertise related to this Form of any kind
- I am not a Certified Food Protection Manager nor have any vested interest in food protection
- I have no personal relationship with the examinee (may not be another examinee, may not be a relative or friend of the examinee and may not be a co-worker, employer, or an employee of the examinee)
- I agree to maintain the security of the examination
- I will not provide cues to the candidate or answer questions during the administration of the exam
- I have no conflict of interest with the candidate and exam associated with this Form which prevents me assisting the candidate named above
- I will administer the exam in a separate proctored room, free from distraction I will provide references or other proof verifying my translation experience
- I will bring my photo ID to the testing session

First Name: _____ Last Name: _____

Signature: _____

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PART 3

Licensed Healthcare Professional Proposal for Exam Accommodation

In lieu of this form a licensed healthcare professional may provide this information on their own professional stationary.

Healthcare Professional Name: _____

Profession: _____

License Number: _____

Address: _____

Phone number: _____

Patient name: _____

Patient Date of Birth: _____

How long has this patient been in your care? _____

Diagnosis: _____

Describe proposed accommodation: _____

Affix healthcare professional stamp or seal here:

If no prior accommodations have been provided, the qualified professional expert should include a detailed explanation as to why no accommodations were given in the past and why accommodations are needed now.

Explanation:



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PART 4

360training/Learn2Serve Certification Exam:

- Are in English, proctored, timed & closed-book examination.
- Is only available on computer, questions are multiple choice with four options for each question.
- Includes questions covering three cognitive levels: Recall, Application and Analysis
- Presents questions one at a time to the candidate
- Prohibits candidates from bringing personal items into the test area (including food, electronics, purses, etc.)

