IBC TESTING ACCOMMODATIONS VERIFICATION FORM

APPLICANT:

This section of this form is to be completed by you, the applicant. The remainder of the form is to be completed by the qualified professional who is recommending testing accommodations for the IBC Clinical Health and Well-Being Coach Credentialing Board Examination for you based on a specific learning disorder/disability or physical disability.

Please read, complete, and sign below before submitting this form to the qualified professional for completion of the remainder of this form.

Applicant's Full Name:

I give permission to the qualified professional completing this form to release the information requested on the form, and I request the release of any additional information regarding my disability or accommodations previously granted that may be requested by the IBC Certification Governance Board.

Signature of Applicant:

Date:

NOTICE TO QUALIFIED PROFESSIONAL:

The above-named applicant is requesting accommodation for the IBC Clinical Health and Well-Being Coach Credentialing Board examination. All accommodation requests must be supported by a comprehensive evaluation report from the qualified professional who conducted an individualized assessment of the applicant and is recommending accommodations for the examination based on a specific learning disorder/disability or physical disability. IBC Certification Governance Board requires the qualified professional to complete this form and attach a copy of comprehensive records and test results which lead to this diagnosis and accommodation request. **If any of the information requested in this form is fully addressed in the comprehensive evaluation report, you may respond by citing the specific page and paragraph where the answer can be found.**

The IBC Certification Governance Board may forward this information to one or more qualified professionals for an independent review of the applicant's request. Print or type your responses to the items below.

I. QUALIFICATIONS OF THE PROFESSIONAL*

Name of professional completing this form:

Address:

Telephone:

E-Mail:

Occupation, title, and specialty:

License Number/State:

The following professionals are deemed appropriate and qualified to provide a diagnosis of specific learning and/or psychological disorders/disabilities: Clinical Psychologist, Neuropsychologist**, Educational or School Psychologist**, Educational Diagnostician, Learning Disabilities Specialist, Educational Therapist (** must be licensed).*

**The following are professionals deemed appropriate and qualified to provide a diagnosis of physical and visual disabilities: Medical Doctor, Nurses, Physical Therapists, Occupational Therapists, Speech Therapists, Vocational Rehabilitation Specialists who have expertise in the medical condition and direct knowledge of the applicant's impairment and functional limitations.*

Learning Disorder/Disability Professional: Please describe your specialized training in the assessment, diagnosis, and remediation of specific learning disorders/disabilities with the adult population. Experience in working with cultural and/or linguistically diverse populations is also essential. A minimum of three (3) years of demonstrated experience with the adult population is considered appropriate and critical:

Medical Professionals for physical disabilities: Please describe your qualifications and experience to diagnose and/or verify the applicant's condition or impairment and to recommend accommodations:

II. DIAGNOSTIC INFORMATION CONCERNING APPLICANT

1. Provide the date the applicant was first diagnosed with a specific learning disorder/ disability or physical disability

2. Did you make the initial diagnosis? • YES • NO

If no, provide the name of the professional who made the initial diagnosis and when it was made, if known. Attach copies of any prior evaluation reports, test results or other records related to the initial diagnosis that you reviewed.

3. When did you first meet with the applicant?

4. Provide the date of your last complete evaluation of the applicant:

5. Provide a concise description of your diagnosis. Please include the specific DSM-5 or ICD-11 (or most current edition) diagnosis or physical disability diagnosis code:

6. Describe the applicant's current level of functioning and the impact of any functional limitations on the applicant's major life activities:

7. Were the applicant's motivation level, interview behavior, and/or test-taking behavior adequate to yield reliable diagnostic information/test results? • YES • NO

Describe how this determination was made, including whether any symptom validity tests were administered. If such tests were not administered, please state why they were not:

ATTACH A COMPREHENSIVE EVALUATION REPORT.

An applicant's specific learning disorder/disability must have been identified by an appropriate psychoeducational assessment process that is well documented in the form of a comprehensive diagnostic report. The provision of reasonable accommodations is based on assessment of the current impact of the disability on the specific testing activity. Although a specific learning disorder/disability normally is lifelong, the severity and manifestations can change. The IBC Certification Governance Board generally requires documentation from an evaluation conducted within the last five years to establish the current impact of the disability. **Please attach to this form a copy of the comprehensive evaluation report and all records and test results on which you relied in making the diagnosis and recommending accommodations for the IBC Certification Governance Board candidate's examination.**

The evaluation report should include the following:

A. an account of a thorough diagnostic interview that summarizes relevant components of the individual's developmental, medical, family, social, and educational history;

B. clear, objective evidence of a substantial limitation to learning or performance provided through assessment in the areas of cognitive aptitude, achievement, and information processing abilities (results must be obtained on standardized test(s) appropriate to the general adult population and be reported in age-based standard scores and percentiles);

C. interpretation of the diagnostic profile that integrates assessment data, background history, and observations made during the evaluation process, as well as the inclusion or ruling out of possible coexisting conditions (such as previously diagnosed psychological issues or English as a second language) affecting the applicant's performance;

D. a specific diagnostic statement, which should not include nonspecific terms such as "learning differences," "learning styles," or "academic problems"; and

E. a rationale for each recommended accommodation based on diagnostic information presented (background history, test scores, documented observations, etc.).

III. FORMAL TESTING

Learning or psychological disability/disorder: It is important that the tests used in the evaluation are reliable, valid, and age-appropriate, and that the most recent edition of each diagnostic measure is used. Scores should be reported as age-based standard scores and percentiles. The following lists of tests are provided as a guide to assessment instruments appropriate for the adult population. The lists are not intended to be all-inclusive and will vary with the needs of the individual being evaluated.

1. Aptitude/Cognitive Ability

- Wechsler Adult Intelligence Scale IV (WAIS IV, or most current version) (including IQ, index, and scaled scores)

- Woodcock-Johnson IV (WJ IV): Tests of Cognitive Ability

- Stanford-Binet Intelligence Scale (5th edition, or most current version)

- Kaufman Adolescent and Adult Intelligence Test (KAIT)

Please note: The Slossen Intelligence Test and the Kaufman Brief Intelligence Test are primarily screening instruments and should not be considered comprehensive measures of aptitude/cognitive ability.

2. Achievement

- Woodcock-Johnson IV (WJ IV): Tests of Achievement

- Wechsler Individual Achievement Test (WIAT III, or most current version)

- Scholastic Abilities Test for Adults (SATA)

Please note: The Wide Range Achievement Test: Fourth Edition (WRAT-4), the Peabody Individual Achievement Test (PIAT, PIAT-R or PIAT-R/NU), and the Nelson Denny Reading Test are not comprehensive measures of academic achievement and should not be used as sole measures in this area.

3. Information Processing

- Wechsler Memory Scale IV (WMS-IV, or most current version)

- Swanson Cognitive Process Test (S-CPT)

- Test of Adolescent/Adult Wordfinding (TAWF-2)

- Information from subtest, index, and/or cluster scores on the WAIS IV (Working Memory, Perceptual Organization, Processing Speed) and/or the WoodcockJohnson IV (WJ IV): Tests of Cognitive Ability (Visual Processing, Short Term Memory, Long Term Memory, Processing Speed) and/or The Detroit Tests of Learning Aptitude-Adult (DTLA-4, or most current version),

as well as other neuropsychological instruments that measure rapid automatized naming and/or phonological processing.

Physical or visual disability:

1. What is the specific diagnosis (including diagnosis code) for which the applicant requests testing accommodations?
2. Describe the nature of the physical disability. Include a history of presenting symptoms, date of onset, and description of the duration and severity of the disability.
3. When did you first meet with the applicant?
4. When was the applicant's physical disability first diagnosed?
5. Did you make the initial diagnosis? • YES • NO
   If no, provide the name of the professional who made the initial diagnosis and when it was made, if known. Attach copies of any prior evaluation reports, test results, or other records related to the initial diagnosis that you reviewed:
6. Provide the date of your last complete evaluation of the applicant:
7. Is this a permanent condition/impairment? • YES • NO

   If no, when is it likely to subside or resolve?

8. Does the severity of the condition/impairment fluctuate? • YES • NO
   If yes, describe the settings and/or circumstances affecting severity that are relevant to taking the QABA Credentialing Board Examination.
9. Describe the applicant's current functional limitations and explain how the limitations restrict the condition, manner, or duration under which the applicant can take the QABA Credentialing Board Examination.
10. Briefly describe any treatment, including any prescribed medications, and the effectiveness of treatment in reducing or improving the applicant's functional limitations:

IV. ACCOMMODATIONS RECOMMENDED FOR THE IBC CHWC CREDENTIALING BOARD EXAMINATION AND PRACTICAL SKILLS EVALUATION (check all that apply)

FORMAT

The IBC CHWC Credentialing Examination is a timed examination administered 24 hours a day, consisting of 2- or 3-hours of testing. The examination is administered in a remote proctored environment. The examination contains 100 multiple choice questions to assess the knowledge of foundational health coaching skills and advanced competencies of integrating into a clinical or healthcare setting.

The IBC CHWC Practical Skills Evaluation (PSE) is a timed simulation experience. Candidates will have up to 30 minutes with a standardized patient to complete a mock clinical coaching session. The PSE is administered in a remote environment at a time selected by the candidate. Candidates receive standardized patient information 48 hours prior to the scheduled simulation session.

SETTING: EXAM

Applicants may take the exam in a setting where they can be alone in the room with reliable internet. This includes at home, in an office, a library room, etc. They will connect with the remote proctor to review exam rules and will need to have their webcam and speakers enabled. All applicants must have a clear desk and floor, and may have a drink on their desk. No writing tools are permitted during the exam. Applicants are required to sit the entirety of the examination without breaks.

Taking into consideration this description of the examination and the functional limitations that you currently experience, what testing accommodation (or accommodations, if more than one would be appropriate) are you requesting?

☐ A reader provided by the applicant (reader must sign non-disclosure agreement prior to the exam and must already be certified in the field of coaching through NBHWC, ICF, or IBC)

☐ Extended time to complete the exam

☐ Bathroom breaks

☐ Medication on the desk

☐ Other:

Please provide a rationale for each request indicated above (attach additional sheets if necessary):

SETTING: PRACTICAL SKILLS EVALUATION

Applicants may take the PSE in a setting where they can be alone in the room with reliable internet. This includes at home, in an office, a library room, etc. They will connect with the standardized patient to review PSE rules, ensure working technology, and will need to have their webcam and speakers enabled. Applicants must be able to communicate verbally with the standardized patient. All applicants must have a clear desk and floor, and may have a drink on their desk. No writing tools are permitted during the PSE. Applicants are required to sit the entirety of the PSE without breaks.

Taking into consideration this description of the PSE and the functional limitations that you currently experience, what testing accommodation (or accommodations, if more than one would be appropriate) are you requesting?

☐ A reader provided by the applicant (reader must sign non-disclosure agreement prior to the PSE and must already be certified in the field of coaching through NBHWC, ICF, or IBC)

☐ An interpreter (e.g., ASL) (interpreter must sign non-disclosure agreement prior to the PSE)

☐ Extended time to complete the PSE

☐ Bathroom breaks

☐ Medication on the desk

☐ Other:

Please provide a rationale for each request indicated above (attach additional sheets if necessary):

Accommodation of Extra Time

Specify the amount of extra time requested for the examination and/or PSE. Indicate why the specified extra time is needed (based on the diagnostic evaluation), provide the rationale for requesting the amount of time for each test format of the examination and/or PSE, and explain how you arrived at the specific amount of extra time requested. All requests for extra time must specify the exact amount of extra time. It is important to keep in mind that breaks are NOT included in the timed portion of the examination. No accommodation of unlimited time will be granted. If extra testing time is requested, but the specific amount of extra time is not indicated, the petition will be returned as incomplete.

Certified Health and Well-Being Coach (CHWC) examination (standard exam time is 2 hours): Specify the amount of extra test time needed for this session and provide the rationale:

Certified Health and Well-Being Coach (CHWC) practical skills evaluation (standard evaluation time is 30 minutes): Specify the amount of extra test time needed for this session and provide the rationale:

Explanations: (attach additional sheets if necessary)

V. PRIOR HISTORY AND PAST ACCOMMODATIONS

Please describe any previously documented history of specific learning disorders/disabilities and list accommodations that have been granted to the applicant in the past:

VI. CONFIDENTIALITY

Confidentiality policies of the IBC Certification Governance Board Board will be followed regarding its responsibility to maintain confidentiality of this form and any documents submitted

with it. No part of the form or the accompanying medical documentation will be released without the applicant's written consent or under the compulsion of legal process.

VII. CLINICIAN/LICENSED PROFESSIONAL'S SIGNATURE

I am submitting the original of this form and have attached copies of the comprehensive evaluation report and all records and test results that I relied upon in making this diagnosis of the applicant's condition/disability (notes and worksheets are not required as part of this submission) and completing this form. I understand that all original documents submitted become the property of the IBC Certification Governance Board.

I declare under penalty of perjury under the laws of the state of that the above information is true and correct.

(Signature of Licensed Professional) (Date)

The IBC Certification Governance Board reserves the right to make final judgment concerning testing accommodations and may have all documentation related to this matter reviewed by an individual professional consultant or a panel of professional consultants if deemed necessary.