



215 West Garfield Rd, Ste 200  
Aurora, OH 44202-8849  
**Voice:** (330) 995-0718 / (888) 268-3770  
**FAX:** (330) 995-0719  
**Website:** [www.covd.org](http://www.covd.org)

## **International Examination and Certification Board**

### **Guidelines for Candidates with Disabilities**

The International Examination and Certification Board (IECB) of the College of Optometrists in Vision Development, an organization that certifies professionals who specialize in the rehabilitation of individuals with visual disabilities, recognizes its' role in the implementation of the Americans with Disabilities Act (ADA) as amended. The following are guidelines for candidates with disabilities who are applying for test accommodations under the ADA as amended:

- The candidate must inform the IECB of the request in writing, using the *Request for Accommodation* form. Please note that this request must have attached documentation from a qualified evaluator (a physician, psychologist, or optometrist) that demonstrates your disability. Please give your evaluator the *Guidelines for Documentation of Disabilities* to ensure that the IECB has the documentation it needs to comply with the law and to avoid delays in processing your request.
- Please remember to include a personal statement with your form. This personal statement should describe how your disability significantly affects your activities of daily living.
- Send your Request for Accommodation form, with the personal statement and the evaluator's documentation attached, within 60 days after submission of your Fellowship or COVT Application, to the College of Optometrists in Vision Development, 215 W. Garfield Rd., Ste. 200, Aurora, OH 44202.
- Each request is reviewed and evaluated on an individual basis.
- When the IECB determines that accommodation of your disability is appropriate, they will work with you to determine how best to accommodate your disability for each phase of the examination and certification process.

If you have questions about this process, contact the COVD office at [cert@covd.org](mailto:cert@covd.org) or phone 330-995-0718 or 888-268-3770).

Attachments:

Guidelines for Documentation of Disabilities

Request for Accommodations Form

## **Guidelines for Documentation of Disabilities**

The following are guidelines adopted by the COVD International Examination and Certification Board (IECB) for documentation of disabilities for candidates who are applying for test accommodations under the ADA as amended:

- The evaluator must be qualified to conduct the necessary assessments and make the relevant diagnosis or diagnoses. For learning disabilities, this should be a licensed psychologist or psychiatrist who has additional training and experience in the assessment of learning problems in adolescents and adults. For attention disorders, the evaluator should be a licensed psychologist or psychiatrist who has additional training and experience in the assessment of attentional difficulties and the diagnosis of ADHD in adolescents and adults. For physical disabilities, the evaluator should be a physician who has the appropriate training in the relevant specialty area. For vision or hearing disabilities, the evaluator should be an optometrist, ophthalmologist, or audiologist.
- The documentation must be current. Because appropriate accommodations can only be determined based on information about the current impact of the disability on activities of daily living, it is in the candidate's best interest that the information about the impairment be current. Therefore, testing should have been done within the past three years, and occasionally within the last year.
- The documentation must contain the following information:
  - The date of the evaluation;
  - Relevant educational, developmental, and medical history;
  - History of prior accommodation, or rationale for lack of prior accommodation;
  - The tests used to arrive at the diagnosis and the data from these tests;
  - A specific diagnosis or diagnoses that causes impairment, including detailed interpretation of the data and how alternative diagnoses were ruled out, especially in the case of learning disabilities or ADHD;
  - Suggestions for appropriate specific accommodation of the disability;
  - A statement of the qualifications of the evaluator.
- This documentation must be typewritten on the evaluator's letterhead and signed by the evaluator.



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## Request for Accommodations

Please provide the following information to the International Examination and Certification Board (IECB) of the College of Optometrists in Vision Development to document your request for accommodations under the ADA during the Fellowship or Certified Optometric Vision Therapist certification process:

**Name** \_\_\_\_\_  
 last first middle initial

**Gender**  male  female

**Address** \_\_\_\_\_  
 street

\_\_\_\_\_ city state/province ZIP/postal code

\_\_\_\_\_ daytime phone number e-mail address

- Nature of disability**
- learning impairment:  reading disability  writing disability
  - language impairment:  receptive language disorder  
 expressive language disorder  
 mixed or other language disorder \_\_\_\_\_
  - mental health impairment:  attention deficit/hyperactivity disorder  
 anxiety disorder  
 other mental health disorder \_\_\_\_\_
  - sensory impairment:  visual disability  
 hearing disability
  - physical impairment:  mobility disorder  
 neurological disorder  
 other physical impairment \_\_\_\_\_

**Accommodation requested** (not intended to be a comprehensive list of available accommodations)

- extended time on written examination  separate room for written examination
- extra breaks during written examination
- accommodation during oral examination (please describe) \_\_\_\_\_
- other accommodation (please describe) \_\_\_\_\_

**History of prior accommodation** (please check when accommodations were received and describe in your personal statement)

- none  optometry school  undergraduate  secondary  elementary

**Authorization**

I certify that the above and all additional information supplied is true and accurate. I authorize the International Examination & Certification Board of the College of Optometrists in Vision Development to contact the evaluating professional(s) who submitted the attached documentation, or will send documentation under separate cover, of my disability for confirmation, clarification, or further information. I also hereby authorize those professionals to provide the IECB with such information as is necessary to determine the level of disability and appropriate accommodations.

Signature \_\_\_\_\_ date \_\_\_\_\_

Send completed form to: College of Optometrists in Vision Development, 215 W. Garfield Rd., Ste 200, Aurora, OH 44202  
 or email to: [cert@covd.org](mailto:cert@covd.org), or fax to: 330-995-0719