## **Special Accommodations Process**

Special accommodations are assistance that we can provide to candidates with qualifying disabilities to ensure comparable opportunities for success on their exams. To do so, we will need the following information from you in order to customize the exam experience to your needs.

Please understand that while the IAPP prioritizes exam accessibility, the implementation of our accommodations also must consider technical limitations and exam security. For this reason, the way that an accommodation is implemented may vary depending on your preferred delivery method, or may only be available with a certain delivery method. Please see the chart below for implementation details.

| Accommodation             | Implementation Details:<br>Test Center   | Implementation Details:<br>OnVUE  |
|---------------------------|--|---|
| Reader                    | A professional will read exam<br>questions out loud to the test<br>taker.  | Cannot be accommodated with OnVUE.  |
| Reader and recorder       | An employee will read exam<br>questions out loud to the test<br>taker and select the answers for<br>them.  | Cannot be accommodated with OnVUE.  |
| Sign language interpreter | An interpreter will be provided<br>to assist in communication with<br>test center staff.   | Cannot be accommodated with OnVUE.  |
| Private room              | Test taker will take their exam in a separate room.  | All OnVUE exams are taken in<br>your own home, in a room alone.<br>No special accommodation<br>required.                        |
| Food                      | Test taker will be allowed to<br>bring a snack. To avoid<br>disturbing other test takers, they<br>will be placed in a separate<br>room.  | Test taker will be permitted to<br>eat a snack while testing from<br>home.  |
| Drink                     | Test taker will be allowed to bring a drink.   | All OnVUE exams permit<br>drinks. No special<br>accommodation required.   |
| Medical equipment         | Test taker will be permitted to<br>bring medical equipment into the<br>exam. To avoid disturbing other<br>test takers, they may be placed<br>in a separate room. Please<br>include specifics of required<br>equipment. | Test taker will be permitted to<br>bring medical equipment into the<br>exam. Please include specifics of<br>required equipment. |

| Controlled Document<br>Page 2 of 4 |         | Approved by: IAPP Effective Da<br>Certification Body<br>Approved on: 2/1/23 Supersedes:   |                       | : 2/13/23  | iapp  |  |
|------------------------------------|---------|---|-----------------------|--|---|--|
| Version 4.0.0                      | Approve |   |                       | 0.0  | international association<br>of privacy professionals |  |
| Attendance of service              | animal  | Test taker's service animal will<br>be admitted into the testing<br>environment. To avoid<br>disturbing other test takers, they<br>may be placed in a separate<br>room. |                       | Test taker's service animal will<br>be admitted into the testing<br>environment. |   |  |
| Extra time                         |         | Test taker's ti<br>doubled.   | me limit will be      | Test taker's doubled.  | s time limit will be                                  |  |
| Other                              |         | Please explain<br>the following   | your request on page. | Please expl<br>the followi   | lain your request on ng page.                         |  |

## **Candidate Statement – To be completed by the test taker**

Please select the required accommodation(s).

- □ Reader
- □ Reader and recorder
- □ Sign language interpreter
- Private room
- $\square \quad Food$
- □ Drink
- □ Medical equipment required during test session
- □ Attendance of service animal
- **Extended exam time**
- **Other (please describe in the additional information section below)**

Additional information (type of medical equipment, service animal details, etc.):

Candidate signature:

Date:

## **Provider Statement – To be completed by a health care provider**

| I,a                                 | attest that                         | should be                |
|-------------------------------------|-------------------------------------|--------------------------|
| (Provider Name)                     | (Applicant Nar                      | ne)                      |
| provided with the above accommodati | ion(s) in order to assure that they | are allowed an equitable |
| opportunity for success.            |                                     |                          |

**Comments** (optional):

Provider signature: \_\_\_\_\_ Date: \_\_\_\_\_