



AMERICANS WITH DISABILITIES ACT POLICY

The Arizona State Board of Cosmetology complies with the Americans with Disabilities Act of 1990. This Agency prohibits discrimination on the basis of disability in employment, public services and accommodations and telecommunications. To assure equal opportunity, the Agency will make reasonable accommodations for persons with physical or mental impairments that might affect their ability to receive Board services by contacting the ADA Coordinator, Mimi at 480-825-7002.

The facility wherein the board office and the examination center are located has handicap parking and ramps outside the building. Handicap restrooms are available inside the building and examination center. Special consideration is given to any person with a physical or mental impairment who requests special accommodations if the request is reasonable and able to be carried out by the Agency.

Any and all information regarding special accommodation request is not public information. Any diagnostic information received is handled confidentially and will not be disclosed to third parties. It will be maintained separately from application file and licensed file.

SPECIAL COMPLIANCE REGARDING EXAMINATION SERVICES: It is understood that the first accountability to compliance with the ADA falls upon the schools. The student must have attained satisfactory progress in order to qualify for the state examination. Any modifications necessary to accept a student into the school can also be addressed at the State Board of Cosmetology.

To assure equal opportunity for candidates for examination, the Agency will make reasonable accommodations for candidates with physical or mental impairments that might affect their ability to take the licensing examination. However, any modifications that are granted must be of such a nature as not to compromise the examination's legal defensibility.

All requests to grant the accommodations specified will be substantiated through research, professional advice, etc. Certain requests may require Board approval and will be set for review at the next scheduled regular meeting of the Board. The Board generally meets once a month. A response to the individual will follow. If granted, the Agency will specify how the request will be fulfilled. If not granted, the reason will be given.

The Agency will not pay for any costs incurred in obtaining the required professional diagnosis and recommendation. However, it will pay for any reasonable accommodations provided.

A.D.A. PROCEDURES

A. Candidate Procedure

For examination services any modifications that are granted must be of such a nature as not to compromise the examination's legal defensibility. If you wish to speak with a Board's representative about the accommodations that you will need, please call the ADA Coordinator, Mimi @ 480-825-7002.

The candidate must request and complete the SPECIAL ACCOMODATIONS REQUEST FORM/EXAMINATIONS and submit it to the Agency with the following for consideration of the special accommodation:

- Application for Examination
- Individual Education Plan (IEP), if applicable to the reason for the request such as a learning disability.
- Documentation to substantiate the need; i.e., a doctor's or psychologist's diagnosis confirming the nature of the request. The diagnosis and request for consideration must be connected to the handicap/disability.

COMPLETION OF THIS FORM CONSTITUTES A REQUEST FOR MODIFICATIONS AND/OR SPECIAL ACCOMODATIONS. PLEASE RESPOND TO THE QUESTIONS APPROPRIATELY.

PLEASE SUBMIT ONLY IF YOU ARE REQUESTING ASSISTANCE DUE TO A PHYSICAL OR MENTAL DISABILITY.

1. Do you have a physical or mental impairment that limits one or more of your major life activities; e.g., walking, speaking, seeing, reading or writing? Yes___ No___

2. Will these impairments require special accommodations in order for you to complete the written examination? Yes___ No___

3. Will these impairments require special accommodations in order for you to complete the practical examination? Yes___ No___

If Yes to any of the above, clearly describe the special accommodations needed on the SPECIAL ACCOMODATIONS REQUEST FORM/EXAMINATIONS.

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SPECIAL ACCOMODATIONS REQUEST FORM/EXAMINATIONS

Name of Candidate:		
Examination applied for (check one or both):	Written <input type="checkbox"/>	Practical <input type="checkbox"/>
Accommodations Request:		
Reason for special accommodations:		

Official use only:

Request approved: _____

Request denied: _____

By: _____
Donna Aune
Executive Director

Date: _____

Accommodations provided: _____