

REQUEST FOR NONSTANDARD TESTING ARRANGEMENTS

Social Work Licensing Examination

Information for candidates with documented disabilities, health conditions, or other needs

In order to register and pay for an examination with ASWB, you must first be approved to sit for the ASWB examination by your state or provincial social work board and you must request and receive approval for any nonstandard testing arrangements.

ASWB complies with applicable laws related to the development, administration, scoring, and maintenance of its examination program. The association strives to balance the legal requirements of examination administration with discretionary arrangements. ASWB ensures that all candidates are provided with an opportunity to demonstrate the knowledge, skills, and abilities intended to be tested.

Arrangements must be reasonable and cannot, under any circumstances, alter the ability of the examination to adequately assess entry-level competence nor alter the format of the examination. The state or provincial social work board and ASWB will cooperate in making any necessary determinations under all applicable federal, state, provincial, and local legislation, including but not limited to the Americans with Disabilities Act. Where applicable, requests for nonstandard testing arrangements will be forwarded to the appropriate licensing board for approval.

In the standard ASWB exam administration, candidates:

- Have four hours to complete 170 multiple-choice questions administered on a computer
- Select answers directly on the computer using a mouse and keyboard
- May take short breaks during the four-hour test at their discretion; testing time does not stop for breaks

View the candidate rules agreement: <https://www.aswb.org/wp-content/uploads/2013/10/ASWBCandidateRulesAgreement.pdf>

Documented disabilities are protected under federal and/or state law and generally apply to a person who has a physical or mental impairment that substantially limits one or more major life activity.

Other needs that require you to request nonstandard testing arrangements may include:

- Monitoring device for conditions such as diabetes
- Ambulatory arrangements for a broken bone
- Additional breaks because of pregnancy
- Use of a breast pump by a lactating individual

Please note: Individuals who need arrangements for American Sign Language must use this form to request nonstandard testing arrangements.

ASWB will work with candidates with other health conditions or needs to reach an agreement on relevant arrangements. Unless otherwise required by law, ASWB reserves the right to deny nonstandard testing arrangements under this category if, at the sole discretion of ASWB, such arrangements unfairly advantage or disadvantage any candidate or if the security and/or validity of the examination is at issue.

Candidate instructions

- You must complete **Part I** of the Request for Nonstandard Testing Arrangements.
- A practitioner who has evaluated you, is familiar with your condition or need, and is qualified to make your specific diagnosis(es) must complete **Part II**.
 - Each practitioner who completes **Part II** must be listed on **Part I** of the request.
 - See practitioner's instructions/statement.
- **Required supporting documentation**
 - A personal statement:
 - Describe your diagnosis(es), condition, and/or needs and how daily activities are affected.
 - List accommodations you are currently receiving or have received in the past, for example, in your work environment or in testing situations.
 - If you have taken an ASWB examination previously without nonstandard testing arrangements, provide the reason that you are requesting the arrangements now.
 - Learning disability evaluation report: If requesting nonstandard testing arrangements for a diagnosed learning disability, submit the evaluation report from the practitioner who made or confirmed the diagnosis.
 - To avoid delay, submit the Request for Nonstandard Testing Arrangements and all supporting documentation at the same time.
- ASWB will notify you of the decision by email with a determination letter attached.
 - All requests are processed in the order received. It typically takes two weeks for a request form to be processed.
 - If a request form is incomplete, you will be notified by email. You will be given 60 days to respond/complete it.
- **All applications must be submitted with original ink signatures. Copies or faxed signatures will not be accepted.**
- Please keep a copy of this form for your records.
- **Questions?** Email: specialarrangements@aswb.org Call: 1.800.225.6880, ext. 3250

Mail the Request for Nonstandard Testing Arrangements to:

ASWB Candidate Services | Special Arrangements | 17126 Mountain Run Vista Ct. | Culpeper, VA 22701

REQUEST FOR NONSTANDARD TESTING ARRANGEMENTS Social Work Licensing Examination

Candidate form

Part I

Name _____
Last
First
Middle/M.I.

Address _____

City, State/Province _____

ZIP/Postal code _____

Email _____

Phone number _____

Date of birth

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Month Day Year

Social Security number (U.S.)/
Social Insurance Number (Canada)
(Optional)

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Physicians or other practitioners

(a) Name _____

Office address _____

Length of time as patient _____

(b) Name _____

Office address _____

Length of time as patient _____

Release

I authorize each health care practitioner listed above to release to the _____ (state or province) board of social work, the Association of Social Work Boards (ASWB), or their designated representatives, information which will verify the current functional limitations imposed by my disability which affect my ability to perform under standard testing conditions; and describe the nature of the nonstandard testing arrangement(s) being proposed and the rationale for those arrangements(s). I further understand that I may be asked to provide additional information about my functional limitation(s) and the requested nonstandard testing arrangements and agree to cooperate with reasonable requests for such additional information.

I understand and agree that the information obtained by this authorization will be used solely for the purpose of determining my eligibility for reasonable nonstandard testing arrangements in regard to the social work licensure process and the nature and extent of the nonstandard testing arrangements which are reasonably necessary by reason of my disability. The information obtained by this authorization will not be released or disclosed to any person or organization except the referenced parties, and any other governmental agency that may be involved in acting upon my request for reasonable nonstandard testing arrangements in connection with the social work licensure process. Notwithstanding the above, ASWB reserves the right to provide nonstandard testing arrangement requests and supporting documentation to a consulting entity for the sole purpose of obtaining expertise regarding certain requests.

I agree that this authorization shall be valid until canceled or revoked in writing by me.

Under penalties of perjury, I declare that the foregoing statements and those in any required accompanying documents or statements are true. I understand that false information may be cause for denial or loss of a license. I hereby certify that I personally completed this request form and that I may be asked to verify the above information at any time.

Signature _____ Date _____

This request is valid for a period of one (1) year from the date signed by the candidate.

REQUEST FOR NONSTANDARD TESTING ARRANGEMENTS Social Work Licensing Examination

Practitioner information

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In the standard ASWB exam administration, candidates:

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Documented disabilities are protected under federal and/or state law and generally apply to a person who has a physical or mental impairment that substantially limits one or more major life activity.

Other needs that require an individual to request nonstandard testing arrangements may include:

- Monitoring device for conditions such as diabetes
- Ambulatory arrangements for a broken bone
- Additional breaks because of pregnancy
- Use of a breast pump by a lactating individual

Practitioner instructions

- **Part II** must be completed by a practitioner who has:
 - Expertise in the area of the disability, health condition, or other need and qualification to make the candidate's specific diagnosis(es) or determine the candidate's specific need.
 - Evaluated the candidate
 - No other relationship with the candidate (e.g., family member, direct supervisor, teacher, etc.)
- The form must be completed entirely. Do not write "See attached" on the application. If more room is needed, please provide the additional information on professional letterhead and sign each page.
- If requesting nonstandard testing arrangements for a diagnosed learning disability, submit the evaluation report.
- **All applications must be submitted with original ink signatures. Copies or faxed signatures will not be accepted.**
- **Questions?**
Email: specialarrangements@aswb.org Call: 1.800.225.6880, ext. 3250

Return the **Request for Nonstandard Testing Arrangements, Part II** to the candidate or mail it to:

ASWB Candidate Services | Special Arrangements | 17126 Mountain Run Vista Ct. | Culpeper, VA 22701

Practitioner form

REQUEST FOR NONSTANDARD TESTING ARRANGEMENTS

Social Work Licensing Examination

Practitioner form

Part II

Patient/Client name _____

Patient date of birth

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Month

Day

Year

Patient Social Security number (U.S.)/
Social Insurance Number (Canada)
(Optional)

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1. Diagnosis/Diagnoses with DSM-5 or ICD-10 code(s) _____

2. Date of diagnosis _____ Date patient last seen _____

3. Major life activity(ies) limited by the condition(s) noted above _____

4. Nonstandard testing arrangement(s) needed in this testing situation _____

If a medical device is required in the testing room, describe here (e.g., make and model of medical device)

If requesting nonstandard testing arrangements for pregnancy, what is the due date? _____

If requesting nonstandard testing arrangements for other health conditions, what is the estimated date of recovery? _____

I hereby certify that the above information is true and is released pursuant to authorization by my patient. I hereby certify that I do not have any other relationship with the candidate listed above, such as family, direct supervision, or teacher/student connection.

Printed name of practitioner _____ License number (if applicable) _____

Signature of health care practitioner _____ Date _____

Professional status (e.g., physician, psychologist, etc.) _____

Office address _____

Office phone number _____