



Alternative Testing/Assessment Arrangements Request Form

Mail to: RICA Program
Evaluation Systems
Pearson
P.O. Box 348150
Sacramento, CA 95834-8150

Fax number: (866) 483-6460 or
(916) 928-6110

Attn: Alternative Arrangements
Coordinator

If you are submitting this form and your documentation by fax, please call (888) 793-7999 or (916) 928-4004 to confirm that all of your faxed materials have been received.

The deadline for submission of requests and all necessary documentation for alternative testing arrangements for the RICA Written Examination is the **regular registration deadline**. Because of space, staff, and time constraints, there can be no assurance that requests received after this deadline can be accommodated.

1. Social Security Number

2. Date of Birth

3. Name

Last

First

Middle
Initial

4. Address

P.O. Box or Street Address

City or Town

State

ZIP Code

5. Telephone Numbers

Daytime

Area Code

Evening

Area Code

For the RICA Written Examination:

6A. Test Date for which you are registering (check one):

- August 8, 2009
- October 3, 2009
- December 5, 2009
- February 6, 2010
- April 10, 2010
- June 12, 2010

For the RICA Video Performance Assessment:

6B. Submission Deadline that you plan to meet (check one):

- November 13, 2009
- March 19, 2010
- June 25, 2010

For the RICA Written Examination:

7. Test Area for which you are registering (see "Test Sites"):

First
Choice

Code

Area

Second
Choice

Code

Area

For the RICA Written Examination:

- 8. Check here if you are requesting a Sunday administration for the RICA Written Examination because you are unable to take the test at the regularly scheduled Saturday administration due to your religious practices. You must enclose a signed letter from a member of the clergy, written on that person's professional letterhead, stating that your religious practices prohibit Saturday testing. (Proceed to section 13 of this form if an alternative test date is your only request.)

For the RICA Written Examination or the Video Performance Assessment:

9. Identify the disability for which you are requesting alternative testing/assessment arrangements.

For the RICA Written Examination or the Video Performance Assessment:

10. List the specific alternative testing/assessment arrangement(s) that you are requesting.

11. **Documentation** (check one):

For the RICA Written Examination:

- I am requesting an alternative testing arrangement listed below because of a disability. Medical documentation is not required for the following accommodations:
- Wheelchair-accessible facilities
 - Frequent breaks (e.g., for those with hypoglycemia or diabetes)
 - Use of a magnifying glass, color overlays, or a straightedge (e.g., for those with a visual impairment)
 - Use of a pen for a written assignment (e.g., for those with a motor impairment)
 - Written copy of the oral directions (e.g., for those with a hearing impairment)

For the RICA Written Examination or the Video Performance Assessment:

- I am requesting alternative testing or assessment arrangements other than those listed above because of a physical disability (e.g., visual or hearing impairment). Therefore, I have enclosed documentation as indicated in "Registering for Alternative Testing Arrangements for the RICA Written Examination."
- I am requesting alternative testing or assessment arrangements because of a disability other than physical (e.g., learning disability). Therefore, I have enclosed documentation as indicated in "Registering for Alternative Testing Arrangements for the RICA Written Examination."

12. **Previous Alternative Testing or Assessment Arrangements** (check one):

- I have not previously been granted alternative testing or assessment arrangements for the RICA.
- I was granted for a previous RICA Written Examination or Video Performance Assessment the same alternative testing or assessment arrangements as I am currently requesting.

(Indicate the most recent RICA Written Examination test date: _____ or RICA Video Performance Assessment submission deadline: _____.)

- I was granted for a previous RICA Written Examination or Video Performance Assessment different alternative testing or assessment arrangements from those which I am currently requesting.

Please explain, including the RICA Written Examination test date or Video Performance Assessment submission deadline:

13. I have read the 2009–2010 RICA Registration Bulletin and hereby agree to abide by the conditions set forth in the bulletin, including the Rules of Participation in the RICA, and I certify that I am the person whose name and address appear on this form. I have completed my test registration and submitted correct payment. I am submitting, together with this completed Alternative Testing/Assessment Arrangements Request Form, any required documentation as noted in the bulletin. I understand that the information I provide, including any supporting documentation, may be shared with the CTC in order to process my request. I understand that the deadline for submission of requests and all necessary documentation for alternative arrangements for the RICA Written Examination is the regular registration deadline. Because of space, staff, and time constraints, there can be no assurance that requests received after this deadline can be accommodated. I understand and agree that if I am granted extra time to take the RICA Written Examination, I will be allowed the full testing day to complete the test and, for test security reasons, I will be required to remain in the testing room until the afternoon session is under way at 2:00 p.m. I understand and agree that the alternative arrangements I have requested herein will be given due consideration. If and to the extent that any such request is granted, I understand that I will be taking the test under alternative conditions.

Signature _____ Date _____