

Candidates with Disabilities

1. Accommodations are provided for those candidates who qualify under the Americans with Disabilities Act (ADA) as disabled. Candidates seeking special accommodation requests must submit formal documentation (such as a letter from the doctor or a letter from his/her company's Human Resource Department) to the Certification Office. The documentation submitted should not be older than 5 years. All accommodation requests must be approved on or before the test date.
2. If the request is approved, candidates will receive one of the following allowable accommodations:
 - A testing room to oneself so the candidate can read the questions out loud to him or herself.
 - The test questions may be printed in a font larger font (up to 7% larger).
 - The test may be divided in two with up to an hour break in between. The candidate will not have access to the first half of the exam once it has been turned into the proctor.
 - The test may be copied on off-white paper (i.e., cream colored).
 - The candidate may use highlighters or a highlighter sheet.
3. Any requests for accommodations not listed above must be submitted to the Certification Board, via the Zone Coordinator, prior to the test date. The request will be reviewed by the certification board and the candidate will be notified of the decision of the committee.

Anyone requesting accommodations must still meet the requirements of the standards based test. For example someone requesting accommodations for Firefighter I must meet the standard in the referenced NFPA 1001.

4. Contact the SFFMA Certification Office at (512) 454-3473 or (800) 580-7336 or Certification Administrator: Kevin Creamer, kcreamers@sffma.org, for more information.
5. Comfort aids will be allowed in the written testing room upon visual inspection by the Testing Center staff before brought into the testing room. Visual inspection will be done by examining the item without directly touching it or the candidate and without asking the candidate to remove the item.

SFFMA REASONABLE ACCOMODATIONS REQUEST FORM



In accordance with the Americans with Disabilities Act (ADA), the State Fireman's and Fire Marshal's Association of Texas provides reasonable accommodation to qualified individuals with disabilities to enable them to perform the essential functions of their positions. Any employee with a disability is welcome to request reasonable accommodation(s).

TO BE COMPLETED BY EMPLOYEE

EMPLOYEE INFORMATION: Employee Status: Full-Time Part-Time Volunteer

REASON FOR ACCOMMODATION(S)

Please describe the condition for which you are requesting an accommodation:

Please describe any limitations resulting from your condition that interfere with your ability to perform the functions of your skills session:

Please describe the accommodations you believe are needed to enable you to perform the essential functions of your skills session:

*NOTE: EMPLOYEE/APPLICANT MUST INCLUDE APPLICABLE MEDICAL DOCUMENTATION WITH THIS FORM.

I give the SFFMA permission to explore coverage and reasonable accommodations under the Americans with Disabilities Act, and all applicable State and Federal laws. I understand that all information obtained during this process will be maintained and used in accordance with the ADA, including its confidentiality requirements.

Signature of Employee

Date

Applicant Name: _____ SFFMA ID _____

SFFMA REASONABLE ACCOMODATIONS REQUEST FORM



TO BE COMPLETED BY SFFMA OFFICE

Department: _____ Position Title: _____

Supervisor: _____ Home Telephone No.: _____

Work Telephone No.: _____ Date request received by SFFMA Office: _____

Date(s) District Coordinator met with applicant: _____

Essential Job Duties:

Requested Accommodation(s):

Action Taken:

Date applicant informed of action and method of notification: _____

Accommodation Request is: Approved _____ Denied _____ Modified _____

Reviewed by: _____ Date: _____