

Disability Accommodation Request Policy for the Operating Engineers Certification Program (OECF)

The Operating Engineers Certification Program (OECF) is dedicated to providing equal testing opportunities for all candidates, including those who require accommodations under the Americans with Disabilities Act (ADA) or similar state laws. The purpose of these accommodations is to ensure that examination results accurately reflect a candidate's skills and qualifications.

Accommodation Request Process

To request accommodations, candidates must complete the following steps:

1. Complete the Accommodation Request:

- The OECF Candidate Written Examination Accommodation Request Form (enclosure 1).
- A completed Professional Evaluation (enclosure 2).
- Any additional verification documents as required during an interactive process.

Submitting as much information as possible concerning your limitations and the requested accommodation allows the OECF to better evaluate requests and process requests.

2. **Validity of Application:** Approved accommodation requests remain valid for one (1) year. Candidates seeking accommodations after the expiration date must make a new accommodation request and may be required to submit additional supporting documentation.
3. **Review Timeline:** Completed Accommodation Requests will be reviewed as expeditiously as possible. The interactive process normally will be completed within 30 business days. Candidate will be contacted by the committee for additional information or clarification if needed. All information will be kept confidential. Summary of Accommodation Review will be sent to the candidate through USPS Mail and email.

Accommodation Appeal: Appeals to the Summary of Accommodations must be sent to the OECF Board of Directors within 90 days of notice. The committee will review all appeals within 30 business days. Summary of Accommodation Review Appeal will be sent to the candidate through USPS Mail and email.

Candidates must provide appropriate documentation to support their accommodation requests:

- A Professional Evaluation Form completed by a qualified professional who is trained to diagnose the specific disability. Note: An internist may not be considered an appropriate evaluator for mental health disorders or learning disabilities.

- Alternatively, candidates may submit existing documentation from a formal testing environment that verifies prior accommodations. This documentation generally must not be dated more than one (1) year before the accommodation request date.

We appreciate your cooperation in helping us create an equitable testing environment for all candidates. If you have any questions about the accommodation process, please contact us directly.



Operating Engineers Certification Program

Labor Omnia Vincit

19001 Golf Club Drive, Crosby, Texas 77532

Tel: (951) 351-4001 Fax: (951) 351-4007 Email: oeep@oeep.org

OECP CANDIDATE WRITTEN ACCOMMODATION REQUEST

Last Name			
First Name			
IUOE Registration #			
Address			
City, State, Zip			
Contact Number			
Email			
Nature of Disability			
Additional Testing Time: Please Check*	<input type="checkbox"/> 30 Minutes	<input type="checkbox"/> 50% (time and a half)	<input type="checkbox"/> 100% (double time)
Describe Other Specific Accommodation(s) Requested*			

*Training Site Coordinators (TSC) and Examiner will be notified by email prior to your exam of the nature of accommodations if granted. No information regarding conditions or denied accommodations will be communicated to undesigned persons.

PLEASE READ AND SIGN: I authorize release of the attached form to Operating Engineers Certification Program (OECP) staff to review and arrange for the requested accommodation if it is granted. I give my permission for my diagnosing professional to discuss with OECP staff my medical records and history to the extent it relates to the requested accommodation. I understand and agree that OECP staff may provide my records to an appropriate professional selected by OECP for an independent evaluation relating to my request or to the state or local agency for which the exam is administered. I understand that if I choose to provide existing documentation of the same or a similar accommodation, I may be required to provide additional verification, including completion of the Professional Evaluation Form.

Signature: _____ Date: _____

Enclosure (4)

ACCOMMODATION REQUEST PROFESSIONAL EVALUATION FORM

To the Medical Professional:

By submitting this form with your signature and license number listed, you are verifying that you have formally diagnosed the candidate named on this form as having a physical or mental impairment that limits a major life activity or bodily function. You further verify that the accommodation(s) you recommend is necessary to fairly demonstrate the candidate's ability in a licensure exam.

The purpose of any accommodation is to ensure that the examination results reflect a candidate's aptitude or other factor that the exam is designed to measure, rather than reflecting the candidate's sensory, manual or psychological skills (except where those skills are factors the exam is designed to measure). OECP's intent is to provide equal opportunity for all candidates. The accommodation must not unfairly advantage or disadvantage the candidate, while adhering to the Occupational Safety and Health Administration requirements of 29 CFR 1926.1427(j) and American Society of Mechanical Engineers Standard B30.5-3.1.2-2018.

Please call us if you have any questions regarding the exam or response format, physical environment, or required information or documentation. OECP is generally unable to accommodate a request for unlimited time, but request will be handled on a case-by-case basis in line with the ADA's requirement for reasonable accommodations.

Exam Candidate Name: _____

Professional (Please Print your Name): _____

Address: _____

City, State, ZIP: _____

Phone Number: _____ Fax Number: _____

Email: _____

License Number: _____ State of Licensure: _____

Board Certification: _____

Signature of Professional: _____ Date: _____

* Please identify the candidate's limitations, reasonably detail how those limitations interfere with the candidate's abilities or otherwise do not permit test results to accurately reflect the achievement level of the candidate, and your recommended accommodation(s) on the back of this page (Attach additional pages if needed).

Enclosure (2)

OECPNOTE2025.10A