



# REQUEST FOR NONSTANDARD TESTING ARRANGEMENTS

## Social Work Licensing Exam

### Information for candidates with documented disabilities or other health conditions

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. ASWB will make any necessary determinations under all applicable federal, state, provincial, and local legislation, including but not limited to the Americans with Disabilities Act.

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/2023/10/ASWBCandidateRulesAgreement-rev-12-2023.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 (see Appendix B for more information)
- Additional breaks because of pregnancy

**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 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.

You must request and receive approval for nonstandard testing arrangements **before you register with ASWB to take the exam**. ASWB requires that you request and receive approval for nonstandard testing arrangements in advance, so the test center is prepared and your testing experience goes smoothly, without compromising exam security. Nonstandard testing arrangements cannot be added to an existing testing appointment.

Some medical needs can be met without the need to request nonstandard testing arrangements. For example, all test-takers have access to drinks and snacks during short break(s). Additionally, [PSI's comfort aids list](#) includes items that can be brought into the secure testing space, upon visual inspection, without approval of nonstandard testing arrangements. To learn more about what to expect on exam day, visit <https://www.aswb.org/exam/>.



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### Submit the following to request Nonstandard Testing Arrangements

Use the following checklist to ensure all documentation is submitted.

**Part I – Candidate Form:** Completed by you, the candidate

**Part II – Practitioner Form:** Completed by the practitioner who has evaluated you, is familiar with your condition, and is qualified to make your specific diagnosis(es)

- Each practitioner who completes Part II must be listed on Part I of the request.
- 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 you are seeking nonstandard testing arrangements for a learning disability, you may ask the disability resource center (DRC) staff at the college/university that you attended to fill out part II, the practitioner’s statement, of the application. DRC personnel must also write a letter on their letterhead, signed, that details the nonstandard testing arrangements you received while attending their facility and the duration of those accommodations. If you cannot obtain this documentation, then Part II must be filled out by a practitioner.

#### Required supporting documents:

- A personal statement (Appendix A)
- Diabetes Information, if applicable (Appendix B)
- Learning disability evaluation report: If requesting nonstandard testing arrangements for a diagnosed learning disability, submit a copy of the most current psychoeducational, psychological, or neuropsychological evaluation that diagnosed or confirmed your learning disability.

**Note:** ADHD and ADD are not classified as learning disabilities per the DSM 5, and with these diagnoses you must ask a practitioner to complete Part II as indicated above.

#### Instructions and timeline

- To avoid delay, submit the Request for Nonstandard Testing Arrangements and all supporting documentation at the same time. Our review cannot begin until all documentation is received. If a request form is incomplete, you will be notified by email.
- All requests are processed in the order received. It typically takes three weeks for a request form to be processed. ASWB will notify you of the decision by email with a determination letter attached. Approvals are valid up to one (1) year.
- Requests must be mailed to the address below. Parts I and II must be mailed with original ink signatures. Required supporting documentation can be copies.

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

- Please keep a copy of this form for your records.

**Questions?** Email: [specialarrangements@aswb.org](mailto:specialarrangements@aswb.org)

Call: 1.800.225.6880, ext. 3250



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### Part I—Candidate Form

#### Candidate information

Name (Last, first, middle) \_\_\_\_\_ Birthdate (MM/DD/YYYY) \_\_\_\_\_

Address \_\_\_\_\_ Social Security No. (U.S.)/Social Insurance No. \_\_\_\_\_

City, State/Province \_\_\_\_\_ (Canada) (optional) \_\_\_\_\_

ZIP/Postal Code \_\_\_\_\_

Email \_\_\_\_\_ Phone number \_\_\_\_\_

Where are you applying for licensure (state/province/territory)? \_\_\_\_\_

#### Physicians or other practitioners

a) Name \_\_\_\_\_ Length of time as a patient \_\_\_\_\_

Office address \_\_\_\_\_

b) Name \_\_\_\_\_ Length of time as a patient \_\_\_\_\_

Office address \_\_\_\_\_

#### Release

I authorize each health care practitioner listed above to release to the Association of Social Work Boards (ASWB) and/or its designated representatives information that will verify the current functional limitations imposed by my disability that 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 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 that 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 governmental agency that may be involved in acting upon my request for reasonable nonstandard testing arrangements in connection with the social work licensure process. I acknowledge that 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.



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### Part II—Practitioner Form

Patient/client name (Last, first, middle) \_\_\_\_\_

Patient birthdate \_\_\_\_\_ Patient Social Security number (U.S.)/  
Social Insurance Number (Canada) (optional) \_\_\_\_\_

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)

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

6. 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 practitioner \_\_\_\_\_ Date \_\_\_\_\_

Professional status (e.g., physician, psychologist, etc.) \_\_\_\_\_

Office address \_\_\_\_\_ Office phone number \_\_\_\_\_





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### Appendix B—Diabetes information, if applicable

Complete this form if the diagnosis on the Part II: Practitioner form includes diabetes. The details help us determine if approval is required for the equipment you use to monitor your blood sugar during your test appointment. Approval is not required for an insulin pump or continuous glucose monitor that is silenced, attached to your body, and does not have a separate, remote receiver device. This equipment is allowed in the testing room after visual inspection by test center staff. Device(s) must be placed on silent or vibrate while testing. Emergency alerts are an exception.

1. Do you need to use an insulin pump and/or a continuous glucose monitor during your test appointment?

Insulin pump

Continuous glucose monitor

2. Is the insulin pump or glucose monitor attached to your body?

Yes

No

3. With the exception of emergency alerts, can your insulin pump or continuous glucose monitor be silenced or placed on vibrate mode?

Yes

No

4. Does your insulin pump or continuous glucose monitor have a separate remote/receiver device that is not attached to your body?

Yes

No

a. If yes, and you need the remote/receiver devices in the secured testing space, provide the make and model of the remote/receiver devices. Briefly describe whether your remote/receiver devices are connected by tubing, or if there is no tube connecting your remote/receiver devices to your monitoring system.

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5. Do you rely on the finger prick method to monitor your blood sugar?

Yes

No

a. If so, are you able to use this method in the lobby of the test center?

Yes

No

b. How often do you check your blood sugar? \_\_\_\_\_

6. Do you need to use a cell phone to monitor your insulin pump or continuous glucose monitor on the day of your test appointment?

Yes

No

a. If so, please provide the name of the app you use on your cell phone to monitor your insulin pump or continuous glucose monitor.

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