

SOUTH DAKOTA DEPARTMENT OF LABOR AND REGULATION
BOARD OF ABSTRACTERS' BOARD OF EXAMINERS

810 N. Main St. #298, Spearfish, SD 57783

Tel: 605.642.1600 | Fax: 605.722.1006 | Email: office@sdlicensing.com | dlr.sd.gov/abstracters

ADA POLICY FOR DISABILITY ACCOMMODATION DURING EXAMINATION

The Abstracters' Board of Examiners is interested in ensuring that no individual with a disability is deprived of the opportunity to take the licensure examination solely by reason of that disability. The Board will provide reasonable accommodations for applicants with disabilities in accordance with the Americans with Disabilities Act. Applicants with visual, sensory, or physical disabilities that would prevent them from taking the examination under standard conditions may request special accommodations and arrangements.

Applicants must advise the Board 30 days prior to testing that wheelchair access is necessary.

If you have a disability and may require an accommodation to take the examination, you must submit acceptable documentation of disability and a proposal for accommodation to the Board for consideration (as outlined below). The following material must be received in the Board office thirty (30) days prior to testing.

I. Current statement verifying disability:

A. Documentation from a physician, mental health professional, or other professional must be appropriate to the disability.

B. Statement must be on the professional's letterhead and include the address and phone number of the professional.

C. The application sheet or a photocopy of the sheet, completed fully, must be submitted by the professional along with the letter or statement verifying a disability.

II. State a specific proposal for accommodations as it relates to the disability. Please include information regarding any accommodations you may have received in the past.

The application sheet may be obtained from, and all forms should be returned to:

South Dakota Abstracters Board of Examiners

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APPLICATION FOR DISABILITY ACCOMMODATIONS

Applicant Name: _____ Date: _____

Name of Professional Submitting Disability Documentation: _____

Professional's Contact Number: _____

PROPOSAL FOR DISABILITY ACCOMMODATIONS

Please describe in detail the accommodation you are requesting and any accommodations you have received in the past: