



Request for Testing Accommodations Form

All sections of the form must be completed. Incomplete or illegible requests will not be processed.

Section A: To be completed by Applicant

Applicant Information

Last Name: First Name: Credentials

Employer: Job Title:

Address:

City: State/Province: Zip/Postal Code:

Country: Phone: Email:

Special Testing Accommodations

I request special accommodations as follows (check all that apply):

Special Seating or Other Physical Accommodation

Extended exam time

Separate Exam Room

Other

Please describe "Other":

Signature

Date



Section B: Professional Documentation

Professional evaluation must have been made no earlier than three (3) years prior to application.

I have evaluated _____ on _____ in my capacity as a _____. I have been informed of the nature of the examination to be administered. It is my opinion that because of this applicant's disability, as described below, they should receive the special testing accommodations requested.

Description of Disability (please attach supporting documentation):

If extra exam time is recommended, please specify the amount of time requested (e.g. one extra hour):

Professional Information

Last Name: _____ First Name: _____ Credentials: _____

Professional License Number: _____ State/Province of Issue: _____

Job Title(s): _____

Organization Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Country: _____ Phone: _____ Email: _____

Signature

Date