

Request for Special Examination Accommodations

If you have a disability covered by the Americans with Disabilities Act, please have this form completed and include it with your application. The information provided will be treated with strict confidentiality.

Candidate Information

Last Name: _____ First Name: _____ Middle Initial: _____	
Address: _____	
City: _____	Check any special arrangements you require (must be confirmed below by the professional): <input type="checkbox"/> Reader (visual impairment/learning disability) <input type="checkbox"/> Extended time (additional time requested: _____) <input type="checkbox"/> Distraction-less environment <input type="checkbox"/> Other: _____ _____
State: _____ Zip: _____	
Phone: _____	
Email: _____	
Signed: _____	
Dated: _____	

Professional Documentation

I have known the above candidate since _____ in my capacity as a _____.

Date Professional Title

Based on the nature of the test to be administered, it is my opinion that, because of this candidate's disability described below, he/she should be accommodated by providing special arrangements as indicated below.

Describe disability: _____

Describe accommodation given in the past and/or required for this situation: _____

Signed: _____ **Date:** _____

Printed Name: _____ **License #:** _____

Title: _____ **Phone:** _____

Address: _____ **City:** _____

State: _____ **Zip:** _____ **Email:** _____