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

<table>
<thead>
<tr>
<th>Last Name:</th>
<th>First Name:</th>
<th>Middle Initial:</th>
</tr>
</thead>
</table>

| Address: | City: | State: | Zip: |

| Phone: | Email: |

| Signed: | Dated: |

Check any special arrangements you require (must be confirmed below by the professional):

- Reader (visual impairment/learning disability)
- Extended time (additional time requested: _____________)
- Distraction-less environment
- Other: __________________________

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: ____________________________