

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

Social Security Number: _____

Last Name: _____ First Name: _____ Middle Initial: _____

Address: _____

City: _____ State: _____ Zip: _____

Daytime Phone: _____ Fax: _____

Email: _____

Signed: _____ **Date:** _____

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 required for this situation: _____

Signed: _____ **Title:** _____

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

Address: _____

Telephone Number: _____

Date: _____