

# REQUEST FOR SPECIAL NEEDS ACCOMMODATIONS

If you are requesting special testing accommodations and have a disability covered by the Americans with Disabilities Act, please complete this form. The information you provide and any documentation regarding your disability and special testing accommodations will be held in strict confidence. **This form must be uploaded or sent with your application at least 8 weeks before the testing period begins.**

## Candidate Information

\_\_\_\_\_  
*Name of Examination*

\_\_\_\_\_  
*Testing Period*

\_\_\_\_\_  
*Name (Last, First, Middle Initial)*

\_\_\_\_\_  
*Address*

\_\_\_\_\_  
*City State Zip Code*

\_\_\_\_\_  
*Daytime Telephone Number*

\_\_\_\_\_  
*E-mail Address*

## Special Accommodations

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

\_\_\_\_\_ Special seating or other physical accommodation

\_\_\_\_\_ Reader

\_\_\_\_\_ Scribe

\_\_\_\_\_ Extended testing time \_\_\_\_\_  
*Specify Total hours requested*

\_\_\_\_\_ Distraction-free room / Tested separately

\_\_\_\_\_ Other special accommodations (Please specify.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

*Candidate Signature*

## DOCUMENTATION OF SPECIAL NEEDS

Please have this section completed by an appropriate health care professional (e.g., physician, psychologist, psychiatrist)

### Professional Documentation

I have evaluated \_\_\_\_\_ on \_\_\_\_/\_\_\_\_/\_\_\_\_ in my capacity as a  
*Examination Candidate Month Day Year*

\_\_\_\_\_  
*Professional Title*

The candidate discussed with me the nature of the examination to be administered. It is my opinion that, because of this candidate's disability described below, he/she should receive the special testing accommodations listed above.

**Describe disability, including the appropriate diagnosis code:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signed: \_\_\_\_\_ Title: \_\_\_\_\_

Professional's Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

Date: \_\_\_\_\_ License # (if applicable): \_\_\_\_\_