



Testing Accommodation Application Form

The information requested below and any documentation regarding your disability and need for accommodation to take the examination will be treated confidentially. It will not be shared with any outside source without your expressed written permission. Request for testing accommodations – i.e., modifications to exam materials and/or procedures – must be submitted to the regulatory authority. Requested accommodations are subject to the approval of the regulatory authority and the testing agency.

Candidate Name: _____
Candidate Address: _____

Exam Name: _____
Exam Window: _____
Language of Exam: _____
Nature of Disability: _____

Accommodations Requested for Examination

(check all that apply)

- Private Room (Supervised)
- Paper Examination Format
- Text-to-Speech Software (e.g., Kurzweil: Read & Write Gold; JAWS)
- Additional time (please specify the time needed): _____
- Additional items (please specify items): _____
- Other (please specify): _____

Comments: _____

Signature: _____

Date: _____