

Appendix D

SPECIAL TESTING ACCOMMODATION REQUEST FORM

Candidates with disabilities covered by the Americans with Disabilities Act should complete this form and have an appropriate licensed professional complete the Documentation of Disability-Related Needs form so their requests for accommodations can be processed efficiently. The information provided and any documentation regarding the disability and the need for accommodation in testing will be treated with strict confidentiality.

CANDIDATE INFORMATION

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

Address: _____

City: _____ State: _____ ZIP/Postal Code: _____ Country: _____

Primary Telephone Number: _____

Test Date: _____ Test Site: _____

SPECIAL TESTING ACCOMMODATIONS

Please check the accommodation(s) that you require: (Check all that apply.)

- Wheelchair access
- Special seating
- Reader
- Recorder
- Extended testing time (time and a half)
- Separate testing area
- Large font size
- Other special accommodations (please specify) _____

Please email or fax this completed form to PES within five (5) business days of submitting your application.

Email or fax the form to:

Professional Examination Service (PES)
c/o NFPATesting Office (651)
Email: nfpaexams@proexam.org
Fax: 1-212-367-4333

DOCUMENTATION OF DISABILITY-RELATED NEEDS BY QUALIFIED PROFESSIONAL

This section must be completed by a licensed health care provider or an educational or testing professional to ensure that PES is able to provide the required test accommodations.

The nature of the disability, identification of the test(s) used to confirm the diagnosis, a description of past accommodations made for the disability and the specific testing accommodations requested must be included.

PROFESSIONAL DOCUMENTATION

I have known _____ since _____
(Name of Candidate) (Date)

In my capacity as a(n) _____
(Professional Title)

I have discussed the nature of the test to be administered with the candidate. It is my opinion that, because of the candidate’s disability described below, he or she should be accommodated by providing the special arrangements listed on the **Special Testing Accommodation Request** form.

Comments:

Signature: _____

Title: _____ Date: _____

License No. (if applicable): _____

Please email or fax this completed form to PES within five (5) business days of submitting your application.

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