



Examination Accommodation Request Form

This form is used to request a nonstandard examination administration because of a documented disability. The existence of a disability does not automatically necessitate an accommodation. In accordance with the Americans with Disabilities Act (ADA), a disability is a physical or mental impairment that substantially limits a major life activity or bodily function. All accommodation requests are subject to NBCC's approval.

Patient or Client

Full Name: _____ Date of Birth: _____

Professional Practice Location

Name of Practice _____ Phone Number _____

Address _____ City _____ State _____ Zip Code _____

Qualified Professional Use Only

Do not complete this section unless you are currently treating the individual listed above.

Only a credentialed professional who has assessed the candidate, and understands the impact of the disability on the candidate's ability to complete an examination under standard testing conditions, may complete this form.

Diagnosed Disability: _____ Severity of Disability: _____

Date of Individualized Assessment: _____ Assessment Method: _____

Please describe how the degree of the impairment substantially limits major life activities.

Based on the substantially limited life activities described above, initial your recommended modification to a standard testing administration:

_____ Additional Time

_____ Human Reader

_____ Scribe

_____ Separate Testing Environment

_____ Other: _____

Name and Title _____ Signature _____ License Number _____ Date _____