

Request For Special Examination Accommodations

If you have a disability covered by the Americans with Disabilities Act, please complete this form, provide the Documentation of Disability-Related Needs on the next page, and submit both pages at least 45 days prior to your requested examination date. The information you provide and any documentation regarding your disability and your need for accommodation in testing will be treated with strict confidentiality.

Candidate Information

Name (Last, First, Middle Initial): _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Daytime Telephone #: _____ Email Address: _____

Special Accommodations

I request special accommodations for the _____ examination.

Please provide (check all that apply):

Reader

Extended testing time (time and a half)

Reduced distraction environment

Please specify below if other special accommodations are needed.

Comments: _____

Please read and sign:

I give my permission for my diagnosing professional to discuss with Prometric staff my records and history as they relate to the requested accommodation.

Signature: _____ Date: _____

This form will need to be uploaded to your exam application for review and approval.

If you have questions, email info@abgc.net.

Documentation of Disability-Related Needs

Please have this section completed by an appropriate professional (education professional, physician, psychologist, psychiatrist) to ensure that Prometric is able to provide the required accommodations. Attach written documentation (a letter or accommodations report) from the medical health professional that is not older than when you entered your undergrad program.

Professional Documentation

I have known _____ since ____/____/____ in my capacity
Candidate Name

as a _____.
My Professional Title

The candidate discussed with me 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 the special arrangements listed on the Request for Special Examination Accommodations form.

Description of Disability: _____

Signed: _____ Title: _____

Printed name: _____

Address: _____

Telephone number: _____ Email Address: _____

Date: _____ License# (if applicable): _____

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