Washington State Department of HEALTH

Mental Health Credentialing
P.O. Box 47877
Olympia, WA 98504-7877
360-236-4700

Accommodation Request

If you have a disability and require accommodation in taking the examination, please complete and submit this form. The information requested below and any documentation regarding your disability and your need for accommodation in testing will be considered strictly confidential and will not be shared with any outside source without your express written permission. [Section 504 of the Rehabilitation Act (29 USC 12101)].

Name: _____

Address: _____

Phone (enter 10 digit #): _____ Social Security Number: _____

Accommodations requested for the: _____ License Examination
Date

Type of Disability: _____

Requesting the following accommodation(s) at the testing site: _____

_____

Signed: _____ Date: _____

Documentation of Disability Related Needs

If you have a learning disability, a psychological disability, or other hidden disability that requires an accommodation in testing, please have this section completed by an appropriate professional (learning specialist, doctor, psychologist, psychiatrist) to certify that your disabling condition requires the requested test accommodation.

If you have existing documentation of having the same or similar accommodation provided to you in another test situation, you may submit such documentation instead of having this portion of the form completed.

I have known _____ since _____
Test Applicant Date

The applicant has the disability: _____

Diagnosed by the following tests or studies: _____

I recommend the following accommodation(s) be provided for this individual: _____

_____

_____

Name: _____

Address: _____

Title: _____ Phone: _____

Date: _____ License Number: _____