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: ______________________________________

DOH 670-050 July 2016