



## **FCB Accommodation Request Form**

Candidates requesting reasonable testing accommodations must complete this form, attach all appropriate documentation, and submit it with the request to sit for the examination. The information below is considered confidential and will not be shared with outside sources without your written consent.

Name: \_\_\_\_\_

Phone #: \_\_\_\_\_ SSN#: \_\_\_\_\_

### **Disability (check all that apply):**

Visual Impairment

Hearing Impairment

Learning Disability

Writing Disability

Health Impairment

Orthopedic Impairment

Mental/Emotional Impairment

Other (specify) \_\_\_\_\_

### **Accommodations Requested:**

Accessible Test Site

Large Print (where available)

Reader for Visual Impairment

Scribe for Motor Impairment

Reader for Learning Disability

Scribe for Learning Disability

Sign Language Interpreter

Extended Time

Other (specify) \_\_\_\_\_

Name/Title of professional who diagnosed your disability: \_\_\_\_\_

Date Diagnosed: \_\_\_\_\_

\* If request for accommodation is due to religious reasons, please provide documentation (signed statement) from clergy.

**Some accommodation requests may require additional documentation.**

### **DOCUMENTATION OF DISABILITY RELATED NEEDS**

If you have a disability/impairment (physical, mental, learning, psychological or other hidden disability) that requires an accommodation in testing, please have this section completed by an appropriate professional (education professional, doctor, psychologist, etc.).

I have known \_\_\_\_\_ since \_\_\_\_\_ in my capacity as a

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**Describe nature of applicant's disability:** Give detailed description and explain the extent to which the disability requires testing accommodations. Define precise limitations imposed by the disability.

I declare and affirm that the statements made are true, complete, and correct. I understand that any false or misleading information may be cause for denial or loss of certification/licensure.

\_\_\_\_\_  
**Signature:**

\_\_\_\_\_  
**Date:**