

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 (see reverse side)

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
(Test Applicant) (Date)

a _____
(professional title)

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