

Request for Special Examination Accommodations

Review **Guidelines for Documenting a request for Test Accommodations** on the following page.

INSTRUCTIONS:

To request test accommodation for a disability covered by the Americans with Disabilities Act as amended (ADAAA):

- Read the Documentation Guidelines carefully. Share them with the professional who will be preparing your documentation.
- Complete this form in full. Read and sign the Authorization (Section F) below.
- Attach documentation of your disability and your need for accommodation. Be sure your documentation includes the information listed in the Documentation Guidelines. Include supporting documentation (i.e., school records, records of prior testing accommodations, medical records, lab reports, etc.) as necessary to support your request. **INCOMPLETE DOCUMENTATION WILL DELAY PROCESSING OF YOUR REQUEST**
- Be sure that all information you submit is typed or printed. Material from evaluators must be on official letterhead.
- All documents must be in English. You are responsible for providing certified English translations of foreign-language documentation.
- You include documentation of your functional impairment in activities **beyond test-taking**.
- Send your completed NBSTSA Test Accommodation Request form and supporting documentation **WITH** your examination application to:

NBSTSA at 6 West Dry Creek Circle, Suite 100, Littleton, CO 80120

BIOGRAPHICAL INFORMATION:

Last Name, First, Middle Initial		(PLEASE PRINT)	
Maiden Name		Other Name(s) You Have Used	
Mailing Address (include apartment # if applicable) City		State	Zip Code
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Home Phone Number	Work Phone Number	Alternate Number	
Email			

NATURE OF DISABILITY:

Indicate the nature of your disability, the year it was first professionally diagnosed, and the date of your most recent evaluation. (Select all that apply):

- Vision
- Physical
- ADHD
- Learning
- Psychological
- Hearing
- Other (Specify: _____)

First diagnosed: _____

Most recent evaluation: _____





PREVIOUS ACCOMMODATIONS:

Have you previously received test accommodations? Yes No

If yes, provide name of examination, test date, and accommodations received:

Have you previously received educational accommodations? Yes No

If yes, provide name of school, applicable dates, and accommodations received:

Have you previously received workplace accommodations? Yes No

If yes, provide name of employer, applicable dates, and accommodations received:

REQUESTED ACCOMMODATIONS:

(Select all that apply):

- Extended time
- Double time
- Reader
- Sign language interpreter (for spoken directions and candidate questions only)
- Enlarged font
- Other equipment or accommodation (Please explain: _____)

PERSONAL STATEMENT:

Please describe how your disability impacts your daily life. Attach additional pages if necessary.

AUTHORIZATION:

By signing below, I attest that the information I have provided on this application is accurate, true, and correct to the best of my knowledge. I agree to and authorize the release of this information to NBSTSA for use in determining eligibility for the requested accommodation in testing. I understand that NBSTSA reserves the right to verify any and all information in my application. Therefore, I understand and agree that my failure to provide accurate, true, and correct information shall constitute grounds for rejection of my request for this accommodation in testing.

Printed Name of Applicant

Signature of Applicant

Date

Your request will be reviewed upon receipt of all relevant materials as described above. You will receive a decision by written notification from NBSTSA. For reasons of confidentiality, information regarding the granting or denial of test accommodations will not be released by telephone. If you have any questions, please contact NBSTSA at (800) 707-0057.