



APPLICATION FOR TESTING ACCOMMODATIONS SPECIAL ENROLLMENT EXAMINATION

Contains:

- Candidate Accommodation Request Form to be completed by the candidate
- Professional Evaluation Form to be completed by a licensed professional who has made the diagnosis or treated the candidate

Please Complete and return to Prometric

by Fax: 410-385-8504

**by mail: Prometric Testing Accommodations
7941 Corporate Drive
Nottingham, MD 21236**

Approval of this application is valid for one (1) year from the approval date. If you wish to test with accommodations after your approval expiration date, you must resubmit a new application for processing.

Completed Accommodation Request Packets are generally reviewed within 5 to 7 business days and are kept confidential. If approved, accommodations will be arranged as quickly as possible and at no extra charge to you. Failure to complete both forms entirely may delay scheduling your exam.

Please contact us at 1-800-967-1139 to answer any questions or concerns, or to discuss the type of accommodation which would work best for you. Please keep the following in mind as you complete this packet:

1. All test centers are physically accessible to individuals with disabilities.
2. Generally, you must have an appropriate professional complete the Professional Evaluation Form. For example, a medical doctor would be an appropriate professional to request an accommodation with respect to diabetes but not with respect to a reading disability. **If you have existing documentation of a disability or documentation where similar accommodations were provided, this documentation should be submitted** along with the Professional Evaluation Form. In some cases, existing documentation may be sufficient to support an accommodation without necessitating the need for a professional to complete the Professional Evaluation Form.
3. Prometric cannot make any accommodations of a “personal nature” (lifting or feeding, for example). Personal assistants may help setup an individual to test but are not permitted to stay with the candidate in the testing room.
4. Prometric may request that you have the licensed professional provide your records or reports that support the need for an accommodation.
5. Requests for additional time are granted only in an interval of either 30 minutes, 50% additional time or 100% additional time.



TESTING ACCOMMODATION REQUEST FORM
(To be completed by testing candidate)

Name: _____
PTIN: _____
Address: _____
City, State, Zip: _____
Daytime Phone Number: _____ Other Phone Number: _____
Fax Number: _____ E-Mail: _____
Test Center Location Requested: _____
Describe Your Disability: _____

Check the accommodation(s) you are requesting:

Additional Testing Time

- _____ *Thirty minutes*
- _____ *50% (time and one-half)*
- _____ *100% (double time)*

Assistance

- _____ *Keyboard only*
- _____ *Dragon Naturally Speaking*
- _____ *JAWS*
- _____ *Reader*
- _____ *Recorder of answers*
- _____ *Sign Language Interpreter (for spoken directions only)*

Additional accommodation requests or /comments (e.g. will need to bring a nurse assistant):

Some accommodations may take three weeks or longer to arrange.

Please read and sign:

- I understand and agree that Prometric staff will provide my records to the Internal Revenue Service.
- I hereby give my consent for Prometric or the Internal Revenue Service to discuss my medical condition with the individual who signed the below licensed professional evaluation form.

Testing candidate's signature: _____ Date: _____



LICENSED PROFESSIONAL EVALUATION FORM
(To be completed by health care professional)

By submitting this form with your signature and license number, you are verifying that you have diagnosed and/or treated the candidate for the disability documented herein. You further verify that the accommodation you recommend is necessary to fairly demonstrate the candidate’s ability in a licensure exam. The purpose of any testing accommodation is to ensure that the examination results reflect a candidate’s aptitude or other factor that the exam is designed to measure. Prometric’s intent is to provide an equal testing opportunity for all candidates. The accommodation must not unfairly advantage the candidate. Please call us at 1-800-967-1139, Monday through Friday from 8:00 a.m. to 6:00 p.m. Eastern Time, if you have any questions.

Licensed Professional’s Name (Printed): _____

Licensed Professional’s Address: _____

Phone Number: _____ Fax Number: _____

E-Mail: _____

Type of License: _____ License Number: _____

State of Licensure: _____ Board Certification: _____

Board Certification: _____

Name of patient: _____

Diagnosis: The testing candidate has been my patient since _____. The testing candidate has been diagnosed with the following disability. (Please print clearly and **include details of the severity of the disability and why the accommodation is necessary**. Include DSM diagnosis code for mental and emotional disabilities. (Attach additional pages if needed) _____

Accommodation requested: Where additional time is requested provide an explanation as to why the candidate’s condition requires additional time. Requests for additional time can only be provided in increments of 30 minutes, 50% additional time or 100% additional time.

Check the accommodation the candidate needs:

Additional Testing Time

- _____ *Thirty minutes*
- _____ *50% (time and one-half)*
- _____ *100% (double time)*

Assistance

- _____ *Keyboard only*
- _____ *Dragon Naturally Speaking*
- _____ *JAWS*
- _____ *Reader*
- _____ *Recorder of answers*
- _____ *Sign Language Interpreter (for spoken directions only)*

List any other accommodations needed. (Attach additional pages if needed)

Signature of Licensed Professional:
