



Request for Special Examination Accommodations

If you have a disability covered by the Americans with Disabilities Act, please complete this form and the Documentation of Disability-Related Needs on the reverse side so your examination accommodations can be processed efficiently. The information you provide and any documentation regarding your disability and your need for examination accommodations will be treated with strict confidentiality.

Candidate Information

Name (Last, First, Middle Initial, Former Name)

Mailing Address

City

State

Zip

Daytime Telephone Number

Special Accommodations

I request special accommodations for the CCDS examination.

Please provide (check all that apply):

_____ Special seating or other physical accommodation

_____ Reader

_____ Extended examination time (time and a half)

_____ Distraction-free room

_____ Other special accommodations (Please specify.)

Comments: _____

Signed: _____

Date: _____



Documentation of Disability-Related Needs

Please have this section completed by an appropriate professional (education professional, physician, psychologist, psychiatrist) to ensure that AMP is able to provide the required examination accommodations.

Professional Documentation

I have known _____ since _____ / _____ / _____ in my capacity
Examination Candidate Date

Professional Title

The candidate discussed with me the nature of the examination to be administered. It is my opinion that, because of this candidate's disability described below, he/she should be accommodated by providing the special arrangements listed on the reverse side.

Description of Disability: _____

Signed: _____ Title: _____

Printed Name: _____

Address: _____

Telephone Number: _____

Date: _____ License # (if applicable): _____

Return completed form to:

Penny Richards | prichards@acdis.org

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