**REQUEST FOR SPECIAL NEEDS ACCOMMODATIONS**

If you are requesting special testing accommodations and have a disability covered by the Americans with Disabilities Act, please complete this form. The information you provide and any documentation regarding your disability and special testing accommodations will be held in strict confidence.

# Candidate Information Special Accommodations

I request special accommodations as follows: (Check all that apply)

*Name of Examination Test Date*

*Name (Last, First, Middle Initial) Address*

 Special seating or other physical accommodation

 Reader

 Scribe

 Extended testing time

*Specify Total hours requested*

 Distraction-free room / Tested separately

*City State Zip Code*

Other special accommodations (Please specify.)

*Daytime Telephone Number*

*Fax Number*

*E-mail Address*

Signed: Date:

Candidate Signature

# DOCUMENTATION OF SPECIAL NEEDS

Please have this section completed by an appropriate health care professional (e.g., physician, psychologist, psychiatrist)

**Professional Documentation**

I have evaluated on / / in my capacity as a

*Examination Candidate Month Day Year*

 .

*Professional Title*

The candidate discussed with me the nature of the examination to be administrated. It is my opinion that, because of this candidate’s disability described below, he/she should receive the special testing accommodations listed above.

Description of disability: \_

Signed: Title: Professional’s Name: Address:

Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ License # (if applicable):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Return this completed & signed form with your application and fees, at least 8 weeks prior to the test date, to:**

PROFESSIONAL TESTING CORPORATION

1350 BROADWAY ● 17TH FLOOR﹐ NEW YORK 10018 PTC08143