



NATIONAL RECREATION
AND PARK ASSOCIATION



Certified
Playground
Safety Inspector

CPSI COMPUTER-BASED EXAM ADMINISTRATION

**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 accommodations for testing can be processed efficiently. The information you provide and any documentation regarding your disability and your need for accommodation in testing will be treated with strict confidentiality.

Please return this form to NRPA within 45 days of the desired testing date and do not schedule your examination until you have received confirmation of your request from the professional testing company's accommodations team.

CANDIDATE INFORMATION

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

Mailing Address

_____ City _____ State _____ Zip Code

Daytime Telephone Number

SPECIAL ACCOMMODATIONS

I request special accommodations for the CPSI exam on _____ in _____.
(date) (city, state)

Please provide (check all that apply):

- Special seating or other physical accommodation
- Reader
- Extended examination time (time and a half)
- Distraction-free room
- Please specify below if other special accommodations are needed.

Comments: _____



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DOCUMENTATION OF DISABILITY-RELATED NEEDS

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

PROFESSIONAL DOCUMENTATION

I have known _____ since ____ / ____ / ____ in my capacity as a
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): _____

Please submit completed requests, along with any supporting documentation, to certification@nrpa.org