



English as a Second Language (ESL) Accommodation Request Form

This form must be returned to NRPA within 45 days of the desired testing date. Please do not schedule your CPSI examination until you have received confirmation of your request from the professional testing company's accommodations team, as your request will not be processed until this time.

CANDIDATE I	NFORMATIO	N					
Name (Last, Firs	st, Middle Initia)					
Mailing Address	}						
City				State			Zip Code
Daytime Telephone Number			Ī	Email Address			
Desired Exam Date				Exam Location (Paper/Pencil Exam Only)			
The s	ignature of your	supervisor, professo	r or hur	nan resources	representati	ve is required to ver	rify request.
Name:	Relationship to Applicant/Title:						
► I would like t	o request a time	extension (time and	a half)	☐Yes ☐ N	lo		
► I would like t		e of a strict translatio	n dictio	nary (book fo	orm only, no	electronic dictionar	ies allowed).
	**Strict transle	ntion dictionary mus	t be pro	vided by the c	andidate on	the day of the exar	nination.
			request - \$80/examination n dictionary - Free				
Please make checks p	ayable to: National R	ecreation and Park Associat	on (NRPA)			
O Check	O Purchase order	Credit Card:	O Visa	O MasterCard	O American Ex	cpress O Discover	
Credit Card Number:						Expiration Date:	
Name on Credit Card:						CVV:	-
Signature:							
Billing Address:							

We only accept credit card payments through LeapFILE.

- 1. Go to nrpa.leapfile.net
- 2. Select Secure Upload
- 3. Check NRPA Customer Service
- 4. Follow the prompts for name and email then select the file for upload.