



**English as a Second Language**

**Accomodation**

**Request Form**

Return application to:

**National Recreation and Park Association**

22377 Belmont Ridge Road

Ashburn, VA 20148

Office Use Only  
Approval Date: \_\_\_\_\_  
Testing Ctr. Notified: \_\_\_\_\_

**\*\*\*Requests must be received at least 30 days prior to the scheduled exam date.**

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Primary Language: \_\_\_\_\_

Location of Course/Exam (if applicable) \_\_\_\_\_

The signature of your supervisor, professor or human resources representative is required to verify request.

Name: \_\_\_\_\_ Relationship to applicant/Title \_\_\_\_\_

▶ I would like to request a 90 minute time extension (\$80) for the CPSI Exam.  Yes  No

▶ I would like to request the use of a strict translation dictionary (book form only, no electronic dictionaries allowed).  Yes  No

*Strict translation dictionary must be provided by candidate on the day of the examination.*

Related Fees	
Time Extension	\$80.00
Translation Dictionary	FREE

Amount Due	
Time Extension - \$80	_____
Translation Dictionary (FREE)	_____
Grand Total Due	_____

If application is not approved, the time extension fee will be refunded.

Form of Payment	Check _____	Credit Card Type _____
Account #:	_____	Card Expiration Date: _____
Would you like a copy of your receipt emailed to you? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Signature: _____		