CPSI COMPUTER-BASED OR REMOTE PROCTORED
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: ___________________________________________________________________________________

_____________________________________________________________________________________________

_____________________________________________________________________________________________
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