



NATIONAL RECREATION  
AND PARK ASSOCIATION



Certified  
Playground  
Safety Inspector

**CPSI PAPER/PENCIL 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.

**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):

\_\_\_\_\_ Extended examination time (time and a half)

\_\_\_\_\_ Please specify below if other special accommodations are needed.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_



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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:

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Signed: \_\_\_\_\_ Title: \_\_\_\_\_

Printed Name: \_\_\_\_\_

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

Telephone Number: \_\_\_\_\_

Date: \_\_\_\_\_ License # (if applicable): \_\_\_\_\_

**Please submit completed requests, along with any supporting documentation, to [certification@nrpa.org](mailto:certification@nrpa.org)**