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