



**English as a Second Language**

**Accommodation**

**Request Form**

Return application to:

**National Recreation and Park Association**

CL#500007

PO Box 5007

Merrifield, VA 22116-5007

Office Use Only  
Approval Date:  
Testing Ctr. Notified:

**\*\*\*Requests must be received at the time of application**

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

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

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

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

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

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 CPRP Exam.

Yes  No

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

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.

Please make checks payable to: National Recreation and Park Association (NRPA)

Check     
 Purchase order     
Credit Card:   
 Visa   
 MasterCard   
 American Express   
 Discover

Credit Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Name on Credit Card: \_\_\_\_\_ CVV: \_\_\_\_\_

Signature: \_\_\_\_\_

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

\_\_\_\_\_