



## 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 \_\_\_\_\_ examination.

Please provide (check all that apply):

- \_\_\_\_\_ Special seating or other physical accommodation
- \_\_\_\_\_ Reader
- \_\_\_\_\_ Extended examination time (time and a half)
- \_\_\_\_\_ Distraction-free room
- \_\_\_\_\_ Large print examination (paper and pencil administration only)
- \_\_\_\_\_ Circle answers in examination booklet (paper and pencil administration only)
- \_\_\_\_\_ Other special accommodations (Please specify.)

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

**Return this form with your examination application to:  
NRPA, 22377 Belmont Ridge Road, Ashburn, VA 20148**



## 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): \_\_\_\_\_

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