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: _______________________________________________________

_______________________________________________________________

_______________________________________________________________

Signed:________________ Date: ___________________________

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:
____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

Signed: ___________________________________ Title: ________________________________

Printed Name: ________________________________________________________________

Address: _________________________________________________________________

______________________________________________________________

Telephone Number: ______________________________________________________

Date: __________________________ License # (if applicable): ________________________________

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