



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: _____

