

TESTING ACCOMMODATIONS REQUEST FORM

If you have a disability and may require a special accommodation in taking any examination required for licensure or certification, be sure to complete and submit this form along with your application.

The information requested below and any documentation regarding your disability and your need for accommodation in testing will be considered strictly confidential and will not be shared with any outside source without your express written consent.

Name: _____ SSN: _____

Address: _____

Nature of your Disability: _____

Daytime Phone: _____

Accommodation(s) requested for the _____ examination.

Accommodation(s) requested (check all that apply):

- _____ Accessible Testing Site
- _____ Braille _____ Large Print _____ Tape
- _____ Reader as accommodation for visual impairment
- _____ Scribe-amanuensis as accommodation for visual or motor impairment
- _____ Reader as accommodation for learning disability
- _____ Scribe-amanuensis as accommodation for learning disability
- _____ Sign language interpreter
- _____ Extended Time
- _____ Time-and-a-half _____ Double Time
- _____ More than double time (specify): _____
- _____ Separate testing area
- _____ Use of computer or other adaptive equipment (specify): _____
- _____ Other: _____

Comments: _____

Applicant Signature: _____ Date: _____

Some accommodation requests may require additional documentation.
Please see reverse side.

DOCUMENTATION OF DISABILITY RELATED NEEDS

If you have a learning disability, a psychological disability, or other hidden disability that requires an accommodation in testing, please have this section completed by an appropriate professional (education professional, doctor, psychologist, psychiatrist, etc.) to certify that your disabling condition requires the requested test accommodation. Documentation also needs to be submitted to support the diagnosis from the appropriate professional and the reason the requested accommodation(s) is/are necessary.

I have known _____ since _____ in my capacity as a
(test applicant) (date)
_____.
(professional title)

Nature of the applicant's disability _____

The applicant has discussed with me the nature of the test to be administered. It is my opinion that because of this applicant's disability, he/she should be accommodated by the following (check all that apply):

- _____ Taped exam
- _____ Large print test
- _____ Reader
- _____ Scribe-amanuensis
- _____ Extended time:
 - _____ Time-and-a-half _____ Double Time
 - _____ More than double time (please justify)
- _____ Separate testing area
- _____ Use of computer or other adaptive equipment (please specify)
- _____ Other (please specify)

Printed Name: _____

Signed: _____ Date: _____

Title: _____ License # (if applicable): _____

Please fill both forms out completely and return to:

Indiana Professional Licensing Agency
Attn: Group 06
402 West Washington Street, Room W072
Indianapolis, IN 46204