

PEECB

BEYOND
RECOGNITION

**CANDIDATES WITH
DISABILITIES FORM**



Candidates with Disabilities Form

To ensure equal opportunities for all qualified persons, PECB complies with “The Americans with Disabilities Act of 1990”. Thus, when appropriate, PECB will make reasonable accommodations for candidates. If you require special accommodations related to a disability in order to take the exam, please complete this form and return it along with your medical report. The information you provide and any documentation regarding your disability and your need for accommodation will be treated with strict confidentiality.

Once the application form is reviewed, the Examination Manager shall notify the applicant regarding the acceptance/rejection of the request prior to the exam date. Appropriate arrangements and accommodations shall be made for all candidates with disabilities who file the appropriate request and include appropriate documentation based on 05080-PO3-Examination Accommodations for Candidates with Disabilities Policy.



1. Personal Information		
NAME: Last Name:	First Name:	Middle Initial:
Phone Number:	Exam Name:	
Email Address (if you prefer email confirmation):	Exam Date:	
2. Reason for Request		
Please provide a detailed explanation of the reason why you are seeking an accommodation. You should explain how your disability substantially limits one or more of your sensory, manual, speaking or other functional skills (e.g., disability that impairs significantly your ability to arrive at, read, or otherwise complete, the exam). Attach additional pages if needed.		
3. Special Accommodation Needed		
Please list below the special testing accommodation you are requesting. Use a separate sheet if more space is needed.		
NOTE: If you are requesting a special accommodation due to a health condition or a functional disability, you must provide PECB with written documentation from an appropriate health care professional supporting your accommodation requested. This documentation must be signed and issued by your physician and institution specialized in the area of your disability. A specific diagnosis of your health condition and/or functional disability and a specific recommendation and justification should be included for the special testing accommodation requested. This documentation should be dated within the last two (2) years. PECB will not pay any costs you may incur in obtaining the required diagnosis and recommendation. For more detailed information in regards to special accommodation, please contact your PECB training provider.		
Documentation from a healthcare professional is attached: Yes No		
4. Signature		
I attest that the information contained in this document or attached to is true and correct.		
Signature		Date