



Applicant Special Needs Testing Accommodation Request: Questionnaire

NOTE: To be completed by all applicants requesting reasonable testing accommodations. This form is part of the Application for an IICRC Certification Program. Applicants are responsible for completeness and accuracy of the information provided. If you are requesting a reasonable testing accommodation, the forms must be completed and returned 7-days prior to your examination date. Submission of this form requires recommendations from qualified professionals or the applicant's history of diagnosis. Please complete digitally or when hand-written, print clearly.

| | | |
|------------------------------------------------------------------------------------------------------|-----------------------|-------------------------|
| Date | | |
| Last Name | | First |
| Address | | |
| City | State/Prov | ZIP/Postal code: |
| Phone | E-mail address | |
| Description of Disability (please explain): | | |
| Requested accommodation(s) (e.g. equipment, time, reader) please explain your specific needs: | | |
| Accommodations previously provided to you (list accommodation and purpose): | | |
| Applicants should contact IICRC with questions about special accommodations. | | |
| IICRC Exams Department 4043 S. Eastern Ave Las Vegas, NV 89119 Phone: (844) 464-4272 | | |

Note: Only IICRC Applicants who requires special examination accommodations should use this form.

ADA Special Needs Verification Statement to be Signed by Certification Applicant

I attest to the fact that the information recorded on this application is true, and if this application is not sufficient, I agree to provide IICRC with any additional information or documentation requested in order to evaluate my request for accommodations. I also give permission to release to IICRC a copy of any pertinent information required to establish the need for the accommodation(s) requested herein. If I am requesting the use of an assistive device, I am familiar with its use.

I understand that all information that is necessary to process this application must be available to IICRC thirty (30) days in advance of the test administration date to provide time to evaluate and process my request for accommodations. I acknowledge that IICRC reserves the right to make final determination as to whether any requested accommodation is warranted and appropriate.

If I am submitting a Certification of Eligibility, I acknowledge that my request for accommodations will not be processed if I alter this form in any way after the appropriate official has completed it. I also understand that IICRC does not waive its right to ask the person who completes this form on my behalf to submit the supporting documentation, if necessary, either before or after the test administration date.

I authorize any person completing this form on my behalf to release this information to IICRC upon IICRC's request. I also understand that the documentation in support of my request for accommodations supersedes any information contained in the Certification of Eligibility. For quality assurance, Certification of Eligibility's may be subjected to audit resulting in a review of the actual disability documentation on file.

I acknowledge that any submitted information may also be used for research purposes, and that in no case will any individual be identified by name in research studies, and that the information will be protected by the terms of IICRC's Confidentiality of Data Policy.

I further understand that IICRC reserves the right to withhold or cancel my scores if it is subsequently determined that, in IICRC's judgment, any information presented in this application or supporting documentation is either questionable, inaccurate or used to obtain accommodations that are not necessary.

Signature of Applicant

Note: Keep a copy of this completed form for your records.

Signature:

Date:

Printed name:

Title: