



## Request for Testing Accommodations

To ensure equal opportunities for all qualified candidates, PTCB will make reasonable testing accommodations when appropriate and consistent with legal requirements. PTCB complies with the Americans with Disabilities Act of 1990 (ADA) and will consider requests for testing accommodations related to any PTCB exam from those with a documented disability that substantially limits the candidate's sensory, manual, speaking, or other functional skills. These limitations include a disability that significantly impairs the candidate's ability to arrive at, read, or otherwise complete the examination. Accommodations can include additional time to complete the exam or the use of approved auxiliary aids.

PTCB requires each candidate requesting a testing accommodation to complete this form and provide it to PTCB within 30 days of submitting an exam application. Instructions for submitting the form can be found on page 5.

Candidate Information	
Full Name	
PTCB Account ID	
Home Address	
City, State, Zip, Country	
Telephone Number	
Email Address	

Past Testing Accommodations History		
Have you previously received test accommodations during any of the following?	YES	NO
Certification or Licensure Examinations	<input type="checkbox"/>	<input type="checkbox"/>
Vocational Training or Higher Education	<input type="checkbox"/>	<input type="checkbox"/>
Elementary or Secondary School	<input type="checkbox"/>	<input type="checkbox"/>

**NOTE:** For each “YES” response above, please attach a detailed description of your accommodation history to this form. The description must include:

- The disability related to the accommodation;
  - The accommodation provided;
  - The organization providing the accommodation;
  - The name of the examination for which the accommodation was provided; and
  - The date that the examination and accommodation were provided. Also, if you took an exam multiple times, but did not receive accommodations for all administrations of the exam, please indicate.
- 

The following four sections must be filled out by a **qualified professional**.

A qualified professional is licensed or otherwise properly credentialed and possesses expertise in the disability for which an accommodation is sought. The qualified professional is a physician or other qualified professional who has individually assessed the candidate’s disability. The qualified professional must provide the required information concerning the disability and the requested accommodation. The information and any documentation that the candidate provides regarding their disability and the need for accommodation(s) will be treated as confidential.

Qualified Professional Providing Diagnosis	
Professional's Full Name	
Business Address	
City, State, Zip, Country	
Telephone Number	
Email Address	
Professional Title (e.g., Medical Doctor, Licensed Psychologist)	
License Number and State Issuing License	
Professional Credential and Organization Issuing Credential	

Description of Disability	
Nature of the disability related to the accommodation request	
Reason for the requested accommodation	
History of diagnosis and results of professional evaluations	
Recommendation of the qualified professional	

Requested Accommodation(s) Please list all accommodations that you are requesting.		
<input type="checkbox"/> 1.5 x Exam Time	<input type="checkbox"/> Glucose Testing Supplies	<input type="checkbox"/> Separate Room and Recorder*
<input type="checkbox"/> 2.0 x Exam Time	<input type="checkbox"/> Noise-Canceling Headphones*	<input type="checkbox"/> Separate Room and Sign Language Interpreter*
<input type="checkbox"/> Beverage	<input type="checkbox"/> Separate Room*	<input type="checkbox"/> Separate Room and Snacks*
<input type="checkbox"/> Colored Screen Overlays*	<input type="checkbox"/> Separate Room and May Move Around*	<input type="checkbox"/> Waiver of Automation Tools**
<input type="checkbox"/> Earplugs*	<input type="checkbox"/> Separate Room and May Read Aloud*	<input type="checkbox"/> Other (please describe on next page)
<input type="checkbox"/> Frequent/Extended Breaks*	<input type="checkbox"/> Separate Room and Reader*	

If you selected "Other," please describe the requested accommodation. PTCB will make reasonable testing accommodations when appropriate and consistent with legal requirements.

Description:

*\*Only available at Pearson VUE test centers.*

*\*\*Only available for online proctored delivery.*

Certain medical or therapeutic equipment and supplies (e.g., diabetic testing equipment) are not allowed in the testing room unless requested as an accommodation. A complete list of items permitted in the testing room is available [here](#).

### **For Test Center Candidates Only**

Breaks may be taken at any time during the exam; however, the exam timer will continue to run during breaks. Therefore, extended time should be considered for candidates who require frequent or extended breaks related to their disability.

#### **Qualified Professional Signature**

By signing below, I verify that the information provided on this form and in the attached accommodations plan and documentation (if any) is complete and accurate to the best of my knowledge.

Signature of Qualified Professional \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

#### **Candidate Signature**

By signing below, I verify that the information provided on this form and in the attached accommodations plan and documentation (if any) is complete and accurate to the best of my knowledge. I authorize the release and disclosure of diagnostic information by health care providers or other professionals having such information, for the purpose of allowing PTCB to make a determination regarding my request for a testing accommodation. I understand that PTCB will employ reasonable methods to help ensure that the information provided to PTCB regarding my disability and request for accommodation is treated as confidential.

Signature of Candidate \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### Submission Instructions

To complete your request for Testing Accommodations, submit your completed Request for Testing Accommodations form and any relevant documents within 30 days of submitting your exam application. You may submit your form in any of the following ways:

1. **Upload** your completed form along with your application or within your PTCB Account.
2. **Reply** to the email titled “Action Required: PTCB Application - Testing Accommodations Request” that you received from PTCB and attach the completed form.
3. **Fax** the completed form and any attachments to 202-888-1699.

PTCB will not review your application until the required documentation is received. After 30 days, candidates with incomplete applications will receive a refund minus an administrative fee of \$50.