

## Reasonable Accommodation Request Form

In accordance with the Americans with Disabilities Act, reasonable accommodations may be available for individuals with documented disabilities. The NCCPT and its testing agency, Prometric will provide reasonable testing accommodations to candidates with a qualifying medical condition or documented disability that may impose on their ability to take the NCCPT exam under standard testing circumstances. The submission of this request form does not guarantee approval, and candidates should allow at least thirty (30) days for processing.

The exam for which the candidate is requesting accommodations must be purchased prior to submittal of this form. Candidates will be informed of the decision in writing and NCCPT reserves the right to make final judgement decisions regarding testing accommodations.

This application is valid for one (1) year from approval date, and a new application must be resubmitted after that time if necessary.

### Instructions

Submit this form and documentation from a health care professional or physician describing the need for an accommodation to [support@nccpt.com](mailto:support@nccpt.com) with the subject line, Reasonable Accommodation Request Form.

Provided information from the health care professional or physician should include:

- Disability or diagnosis.
- Specific accommodations required.
- Description of how the condition limits the candidate's ability to take an exam under standard conditions.

Please include any additional information you believe may support the request.

Date

**Personal Information**

First Name	
Last Name	
Phone Number	
Email	
Street Address	
City	
State	
Country	
Zip Code	

Describe the nature, extent and duration of your disability.

Describe the accommodation(s) you believe is needed.

By signing below, I declare the information and supporting documentation provided are true to the best of my knowledge and understand that if information is found to be false, NCCPT may refuse the requested accommodations. NCCPT reserves the right to make additional inquiries regarding my disability and previous accommodations. If further information or clarification is necessary, I understand and authorize NCCPT to communicate and request additional documentation from the professional who has diagnosed the disability, who provided the information related to my accommodation request, or any organization that has granted me accommodations in the past. I also authorize NCCPT to release this information if found necessary to a professional chosen by NCCPT for the purpose of conducting an independent evaluation of the requested accommodations.

Candidate's Name  Candidate's Signature  Date