



REQUEST FOR SPECIAL EXAMINATION ACCOMMODATIONS

If you have a disability covered by the Americans with Disabilities Act (ADA), please complete this form and the Documentation of Disability-Related Needs on the reverse side so your accommodations for testing can be processed efficiently. The information you provide and any documentation regarding your disability and need of accommodations in testing will be treated with strict confidentiality.

CANDIDATE INFORMATION:

Last Four (4) Digits of Social Security Number: _____ Birth Date (month/day): ____/____

Exam Date: _____ Exam Location: _____

Full Name: _____

Home Address: _____

City/State/Zip: _____

Daytime Telephone Number: _____ Cell Phone Home Office

Email Address: _____

Special Accommodations

I request special accommodations for the **International Certification & Reciprocity Consortium (IC&RC) Prevention Specialist Examination.**

Please provide (check all that apply):

Special seating or other physical accommodations

Reader

Large font exam content

Extended testing time (time and a half)

Distraction-free room

Other special accommodations (please specify)

Signature: _____ Date: _____

Complete both sides of this form and return to the Prevention Specialist Certification Board of Washington (PSCBW) Testing Committee Chair at least 60 days prior to exam date:

Sarah Meyers, CPP, PSCBW Testing Chair
smeyers@qbhs.org

PSCBW
PO Box 7172
Spokane, WA 99207



DOCUMENTATION OF DISABILITY-RELATED NEEDS

Please have this section completed by an appropriate professional (physician, psychologist, psychiatrist) to ensure that the Prevention Specialist Certification Board of Washington (PSCBW) is able to provide the required exam accommodations.

Professional Documentation

I have known _____ since ____/____/____ in my capacity
(Exam Candidate) (Date)

as a _____
(Professional Title)

The candidate discussed with me the nature of the exam to be administered. It is my professional opinion that, due to this candidate's disability described below, he/she should be accommodated by providing the special arrangements listed on the reverse side.

Description of Disability:

Signature: _____ Title: _____

Printed Name: _____

Address: _____

City/State/Zip: _____

Telephone No. _____ Email: _____

License Number (if applicable): _____ Date: _____

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