



Documentation of Disability-Related Needs

Please have this section completed by the appropriate professional (educator, physician, psychologist, or psychiatrist) to ensure that AMP and/or CCB is able to provide the necessary examination accommodations. If you have questions, please call CCB at 888-850-8373 or +1 952 933 4977.

Return this form with your Examination Application, exam fee, and Request for Special Accomodation form at least 45 days prior to the examination date:

Send to: mail: Compliance Certification Board, 6500 Barrie Road, Suite 250, Minneapolis, MN 55435, U.S.

fax: +1 952 988 0146 | **email:** ccb@compliancecertification.org | **phone:** +1 952 933 4977 or 888 580 8373

PROFESSIONAL DOCUMENTATION

I have known _____ since _____ / _____ / _____
Examination Candidate Month Day Year

in my capacity as a _____
Professional Title

The candidate discussed with me the nature of the exam to be administered. It is my opinion that, because of this candidate's disability described below.

Disability: _____

They should be accommodated by providing the following requested special arrangements.

Arrangements: _____

PROFESSIONAL'S CONTACT INFORMATION

*Printed Name _____

*Title _____

*Mailing Address _____

*Daytime phone number _____

*License Number (if applicable) _____

*Signature

*Date