



# Request for Special Examination Accommodations

Please complete this form and the Documentation of Disability-Related Needs so your accommodations for testing can be processed efficiently. The information you provide and any documentation regarding your disability and your need for accommodation in testing will be treated with strict confidentiality.

**Return this form with your Examination Application, the exam fee, and the Documentation of Disability-Related Needs 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

## CANDIDATE INFORMATION

\*First Name \_\_\_\_\_ \*Last Name \_\_\_\_\_ \*Middle Initial \_\_\_\_\_

\*Mailing Address \_\_\_\_\_ \*City \_\_\_\_\_ \*State/Province \_\_\_\_\_ \*Zip/Postal Code \_\_\_\_\_

\*Telephone \_\_\_\_\_ \*Email \_\_\_\_\_

## SPECIAL ACCOMMODATIONS

I request special accommodations for the \_\_\_\_\_ exam.

**Please provide (check all that apply):**

- |  |  |
|--|--|
| <input type="checkbox"/> Reader  | <input type="checkbox"/> Extended test time (check one below)  |
| <input type="checkbox"/> Reduced-distraction environment                 | <input type="checkbox"/> 25% extended test time (30 minutes)   |
| <input type="checkbox"/> Additional breaks (not counted in testing time) | <input type="checkbox"/> 50% extended test time (60 minutes)   |
| <input type="checkbox"/> Other special accommodations (specify below)    | <input type="checkbox"/> 100% extended test time (120 minutes) |
|  | <input type="checkbox"/> Other amount (specify amount_____)    |

Other special accomodation(s):  
\_\_\_\_\_  
\_\_\_\_\_

Candidate comments regarding need for above specified accomodation(s):  
\_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_