

Request for Special Accommodations

If you have a disability covered by the Americans with Disabilities Act, **please complete this form and provide the Documentation of Disability-Related Needs on the next page at least 90 days prior to the Continuing Certification Program deadline.** The information you provide and any documentation regarding your disability and your need for accommodation will be treated with strict confidentiality.

Candidate Information

Name (Last, First, Middle Initial, Former Name)

Mailing Address

City State Zip Code

Daytime Telephone Number Email Address

Special Accommodations

I request special accommodations for the _____ administration of the _____.
Year

Please provide (check all that apply):

_____ Reader

_____ Please specify below if other special accommodations are needed.

Comments: _____

PLEASE READ AND SIGN:

I give my permission for my diagnosing professional to discuss with HMDCB staff my records and history as they relate to the requested accommodation.

Signature: _____ Date: _____

Submit this information along with documentation from a licensed professional to info@hmdcb.org.

Documentation of Disability-Related Needs

Please have this section completed by an appropriate professional (education professional, physician, psychologist, psychiatrist) to ensure that HMDCB is able to provide the required accommodation.

Professional Documentation

I have known _____ since ____ / ____ / ____ in my capacity as a
Candidate Name Date

My Professional Title

The candidate discussed with me the nature of the assessment to be administered. It is my opinion that, because of this candidate's disability described below, they should be accommodated by providing the special arrangement listed on the Request for Special Accommodations form.

Description of Disability: _____

Signed: _____ Title: _____

Printed Name: _____

Address: _____

Telephone Number: _____ Email Address: _____

Date: _____ License # (if applicable): _____

Submit this form along with your Request for Special Accommodations to info@hmdcb.org.