Request for IAHSS Examination Special Accommodation

Please complete/return this form and the "Documentation of Disability-Related Needs" on the next page **at least four weeks prior to test date**, so your accommodation for testing can be processed on time. The information you provide and any documentation regarding your disability and your need for accommodation in testing will be considered strictly confidential and will not be shared with any outside source without your express written consent. If you have existing documentation of the same or similar accommodation provided for you in another test situation, you may submit such documentation instead of having the reverse side of the form completed by an appropriate professional.

Applicant Information

Last Name	First Name	Middle Name
Address		
City	State	Zip Code
Daytime Telephone	Fax	E-mail

Special Accommodations:

I request special accommodation for the _____administration date of the _____ examination.

(Date) (Test Name)

Please put a checkmark in the box next to all that apply:

IAHSS Group Testing		**Individual Testing**	
	Reader		Reader (must be provided by candidate)
	Large print test (available for paper exam only)		Large print test (available for paper exam only)
	Circle answers in test booklet (paper exam only)		Circle answers in test booklet (paper exam only)
	Extended testing time		Extended testing time
	Accessible testing site		
	Separate testing area		

Other special accommodations (please specify):

_____

_____

Comments:

_____

_____

Signed: _____Date: _____

Return this form with your examination application to the home office of the International Association for Healthcare Security and Safety.

Documentation of Disability-Related Needs

If you have a learning disability, a psychological disability, or other disability that requires an accommodation in testing, please have this section completed by an appropriate professional (education professional, doctor, psychologist, psychiatrist) to certify that your disabling condition requires the requested test accommodation. If you have existing documentation of the same or similar accommodation provided for you in another test situation, you may submit such documentation instead of completing the "Professional Documentation" portion of this form.

Professional Documentation

I have known _____since _____/ _____/ _____
(Applicant)

in my capacity as _____.
(Professional Title)

The applicant discussed with me the nature of the test to be administered. It is my opinion that because of this applicant's disability described below, he/she should be accommodated by providing the special arrangements identified on the Special Examination Accommodation Form.

Comments: _____

_____

_____

_____

_____

_____

Signed: _____Title:_____

Printed Name: _____

Address: _____

_____

Telephone Number: _____ Email: _____

License # (If applicable):_____ Date: _____

Please return this form to:
International Association for Healthcare Security and Safety
P.O. Box 5038
Glendale Heights, IL 60139