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 second page side of the form completed by an appropriate professional.

Applicant Information

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<th>Last Name</th>
<th>First Name</th>
<th>Middle Name</th>
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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:

**Computer Testing**

- Reader (must be provided by candidate)
- Extended testing time

Other special accommodations (please specify):

________________________________________

Comments:

________________________________________

________________________________________

Signed: ___________________________________ Date: ______________

Return this form to:
International Association for Healthcare Security and Safety
8420 W. Bryn Mawr Ave., Suite 1020
Chicago, IL 60631 or email nancy@iahss.org

September 2017
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 accompanying Request for IAHSS Examination Special Accommodation.

Comments: __________________________________________________________
________________________________________________________
________________________________________________________
________________________________________________________
________________________________________________________
________________________________________________________

Signed: ____________________________ Title: __________________________

Printed Name: ____________________________

Address: ___________________________________________________________
________________________________________________________

Telephone Number: ___________________________ Email: ___________________________

License # (If applicable): ___________________________ Date: ___________________________

Please return this form to:
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September 2017