DOCUMENTATION OF DISABILITY-RELATED NEEDS

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

Professional Documentation

I have known _____ since _____/_____/_____ in my
Exam Candidate Date

capacity as a _____.
Professional Title

The candidate discussed with me the nature of the exam to be administered. It is my professional opinion that, because of this candidate's disability described below, he/she should be accommodated by providing the special arrangements listed on the reverse side.

Description of Disability: _____

_____

_____

_____

_____

_____

Signed: _____ Title: _____

Printed Name: _____

Address: _____

City/State/Zip: _____

Telephone Number: _____ Email: _____

License Number: _____ Date: _____
(if applicable)

Complete both sides of this form and return to DCB at least 60 days prior to exam date:

DCB
298 S. Progress Avenue
Harrisburg, PA 17109
Phone: 717.540.4456
Fax: 717.540.4458
Email: info@delawarecertificationboard.org

REQUEST FOR SPECIAL EXAMINATION ACCOMMODATIONS

If you have a disability covered by the Americans with Disabilities, please complete this form and the Documentation of Disability-Related Needs on the reverse side so your accommodations for testing can be processed efficiently. The information you provide and any documentation regarding your disability and your need for accommodations in testing will be treated with strict confidentiality.

Candidate Information Social Security # _____- _____ - _____

Exam Date: _____ Exam Location: _____

Name: _____

Home Address: _____

City/State/Zip: _____

Daytime Telephone Number: _____

Email: _____

Special Accommodations

I request special accommodations for the _____ examination.

Please provide (check all that apply):

_____ Special seating or other physical accommodations

_____ Reader

_____ Large print exam booklet

_____ Extended testing time (time and a half)

_____ Distraction-free room

_____ Other special accommodations (please specify)

_____
_____
_____
_____

Comments: _____

_____

Signed:_____ Date: _____

Complete both sides of this form and return to DCB at least 60 days prior to exam date:

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