ADA ACCOMMODATION REQUEST FORM

If you have a disability covered by the Americans with Disabilities Act of 1990 (ADA) and would like to request an accommodation in testing, please complete all Sections below and have an appropriate professional (educator, doctor, psychologist, psychiatrist) with current knowledge of your disability complete Section 2 below if your disability is not medical.

As provided in Section 3 below, please submit documentation in support of your request. If you have existing documentation of having the same or similar accommodation provided to you in another testing situation, you may submit such documentation as compliance with the requirements in Section 3.

This form must be completed in its entirety in order for your request to be processed. Please submit this request as soon as possible as it takes time to review your request and set up an accommodation. IAB will process your request as expeditiously as possible in order to not delay testing.

Section 1 (To be completed by Applicant)
Please type or print clearly

Name ____

Social Security Number (last 4 digits) ______________________

Address ____

City ____________________ State __________________ Zip Code ______________

Disability ____

ADA Accommodation(s) Requested ____

By signing below, I attest that the information I have provided on this application is accurate, true and correct to the best of my knowledge. I agree to and authorize the release of the information requested to IAB for use in determining eligibility for the requested accommodation in testing. If the information provided is not sufficient to evaluate the request, I authorize IAB to request additional information from me. I understand IAB reserves the right to verify any and all information in my application, this request, or in connection with my certification. I understand and agree that failure to provide accurate, true and correct information shall constitute grounds for rejection of my application, request for this accommodation in testing, or denial or revocation of my certification.

Signature ______________________________________ Date __________________

Section 2 (To be Completed by Applicant or Appropriate Professional)
Please Type or Print Clearly

From Professional:
I have known ______________________________ since _________________
(full name of candidate) (date)

In my role as a ____
(professional title)

The candidate has discussed with me the nature of the certification examination to be administered. It is my opinion that because of this candidate's disability as detailed on the attached letter and supporting documentation, he/she should be accommodated by providing the following: (please check all that apply).

As an Applicant, I am requesting the following accommodations (please check all that apply).

- ☐ Reader
- ☐ Scribe
- ☐ Extended time
  - ☐ Time-and-a-half
  - ☐ Double time
  - ☐ More than double time (please justify)
- ☐ Separate testing area
- ☐ Use of computer or other adaptive equipment
  (please specify) ____
- ☐ Other (please specify) ____

From Candidate:
Name ____

Signed __________________________________ Date ________________________

From Professional:

Name ____

Signed __________________________________ Date ________________________

Title ____

License# & State ____

Organization ____

Address ____

City ____

Phone ________________________________ Fax _______________________

Email ____

Section 3 (To be completed by Candidate or Appropriate Professional)

If requesting accommodations due to a learning disability, please submit relevant diagnostic test results detailing the specific nature of the candidate's disability as it relates to the request and the reasons for requesting the accommodation. If requesting accommodations due to a medical issue, please have the appropriate professional submit a letter detailing the nature of the disability. The letter must be written on your professional letterhead and must have an original signature. This letter may not be dated longer than 5 years prior to this application.

Please email all materials to: certification@iab.net