



## *Request for Special Examination Accommodations*

Please complete this form and the "Documentation of Disability-Related Needs" form so the accommodation for testing can be processed efficiently. The information provided and any documentation regarding the candidate's disability and need for accommodation in testing will be considered strictly confidential and will not be shared with any outside source without the candidate's express written consent. Candidates who have existing documentation of the same or similar accommodation(s) provided for them in another examination situation, may submit such documentation instead of completing and submitting the "Documentation of Disability-Related Needs" form.

Requested Examination Site: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Daytime Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

I request special accommodations for the administration of the CBIC examination on (date):

\_\_\_\_\_

Please provide (check all that apply):

- Reader
- Extended testing time (normally 1.5 additional hours)
- Reduced distraction environment

Please specify if other special accommodations are needed: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Return this form with the examination application to:

**Examination Services**

**CBIC**

**555 East Wells St., Suite 1100**

**Milwaukee, WI 53202**

**Fax: 414.276.3349**

If you have questions, call 414.918-9796.