



Documentation of Disability-Related Needs

Candidates who 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 the candidate's disabling condition requires the requested test accommodation.

I have known _____ since ____ / ____ / ____
Candidate's Name *Date*

in my capacity as a _____
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 listed below.

Description of disability: _____

Special arrangements required: _____

Printed Name: _____

Title: _____

Address: _____

Telephone: _____ Email: _____

Signed: _____ Date: _____

License # (if applicable): _____

Return this form with the examination application to info@cbic.org