



Request for Testing Accommodations

Please complete this form and the “Documentation of Disability-Related Needs” form so the accommodation for testing can be processed efficiently. Please note that all examinations are computer-based, and we are not able to offer paper-pencil examinations. 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. Do not schedule your exam before instructed to do so by CBIC staff to allow for paperwork processing. Please return the completed form to info@cbic.org

Requested Examination Site:

Printed Name:

Daytime Telephone:

Email:

Please provide (check all that apply):

Reader (physical testing centers only)

Extended testing time (standard exam time X 1.5)

Separate Testing Room (physical testing centers only)

Please specify if other testing accommodations are needed:

Comments:

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

Signature:

Date: