REQUEST FOR TESTING ACCOMMODATION

<u>The Test</u>: Certification Board of Infection Control & Epidemiology, Inc. ("CBIC") administers computer-based tests that are taken either at a proctored testing center or at home. Depending on the test, (i) the test involves answering 100 to 150 questions and (ii) the test candidate will be required to be available for two to three and a half hours.

To request an accommodation, both parts A and B must be completed. CBIC and its testing partners will consider implementing reasonable accommodation requests. <u>CBIC may not be able to provide testing accommodations for candidates taking the test at home</u>. This request shall expire on the first (1st) anniversary of the latest date signed below, but the Candidate may thereafter submit a new request.

Part A Candidate Information and Consent

By signing below, I give my permission for the person described in Part B to provide to, and discuss with, CBIC staff my records and history as they relate to this request for accommodation.

Signature: Date:	
Candidate Name:	
Candidate Telephone and Email:	
Requested/Scheduled Examination Site:	
Requested/Scheduled Date of Examination:	
Part B Documentation of Limitation	
In my professional capacity, I have treated or known the Candidate since	
(1) Please describe the Candidate's specific physical or mental impairment that substantially limit activities and which would impair the Candidate's ability to take the Test.	
(2) In your professional opinion, please describe the suggested accommodation to address the impabove relative to the Test. ¹	airment described
Signature: Date:	
Printed Name and Title/Profession:	
Address:	
Telephone and Email: License # (if applicable)	

¹ An accommodation might be, for example, a large-format reader, a separate testing room, or additional time.