



## 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:  
**Examination Services**  
**CBIC**  
**555 East Wells St., Suite 1100, Milwaukee, WI 53202**  
**Fax: 414.276.3349**  
If you have questions, call 414.918-9796.