REQUEST FOR SPECIAL ACCOMMODATIONS FOR THE ABVP CERTIFICATION EXAMINATION

The ABVP Council of Regents complies with the Americans With Disabilities Act of 1990. To ensure equal opportunities for all qualified persons, the Council of Regents will make reasonable accommodations for candidates when appropriate. If you require special accommodations related to a disability in order to take the examination, you must complete this form and return it with your examination registration form.

Please type or print all information.

_____

Last Name First Name Middle Initial

Social Security Number (for identification purposes only): _____

Telephone Number: (_____)_____-_____ Anticipated Examination Date:_____

Test city/site where you intend to take the examination: _____

Have you previously taken the ABVP Certification Examination? Yes _____ No _____

If yes, on what date and in what city/site? _____

Please identify the disability that substantially limits one or more of your sensory, manual, or speaking skills (e.g., disability that impairs significantly your ability to arrive at, read, or otherwise complete, the examination):

_____

_____

_____

Will your disability require a special accommodation in order for you to take the ABVP Certification Examination? Yes _____ No _____

If yes, please list the special testing accommodation requested. Use a separate sheet if more space is needed.

_____

_____

_____

NOTE: You must provide the ABVP Council of Regents with written documentation from an appropriate health care professional supporting the accommodation you are requesting. This documentation must include a diagnosis of your health condition and a specific recommendation and justification for the special testing accommodation that you require. This documentation must be included with the submission of your examination registration. The Council of Regents will not pay any costs that you may incur in obtaining the required diagnosis and recommendation. However, the Council of Regents will pay for any reasonable accommodations that are provided for you.

_____ _____

Candidate's Signature Date