REQUEST FOR SPECIAL EXAMINATION ACCOMMODATIONS

If you have a disability covered by the Americans with Disabilities Act, **please complete this form and have your healthcare provider complete the Documentation of Disability-Related Needs and submit it prior to scheduling your CPH exam.** **<u>Do not schedule your exam until your accommodations have been approved</u>.** The information you provide and any documentation regarding your disability and your need for accommodation in testing will be treated with strict confidentiality.

Candidate Information

____

Name (Last, First, Middle Initial, Former Name)

____

Mailing Address

____

City | State | Zip Code

____

Daytime Telephone Number | Email Address

Special Accommodations

I request special accommodations for the Certified in Public Health examination.

Please provide (check all that apply):

_______ Reader

_______ Extended testing time (time and a half)

_______ Reduced distraction environment

_______ Please specify below if other special accommodations are needed.

Comments:

____

PLEASE READ AND SIGN:

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

Signature:_____________________________________Date:__________________

Return this form to: info@nbphe.org

If you have questions, call NBPHE at 202-296-3050 or info@nbphe.org.

DOCUMENTATION OF DISABILITY- RELATED NEEDS

Please have this section completed by an appropriate professional (education professional, physician, psychologist, psychiatrist) to ensure that NBPHE and Scantron are able to provide the required accommodations.

Professional Documentation

I have known ______________________________ since / /

Candidate Name Date

in my capacity as ______________________________

My Professional Title

The candidate discussed with me the nature of the test to be administered. It is my opinion that, because of this candidate's disability described below, he/she should be accommodated by providing the special arrangements listed on the reverse side.

Description of Disability:

Signed: ______________________________

Title: ______________________________

Printed Name: ______________________________

Address:

____

____

Telephone Number: ______________________________ Email Address: ______________________________

Date: ______________________________ License # (if applicable): ______________________________

Return this form to: info@nbphe.org

If you have questions, call NBPHE at 202-296-3050 or info@nbphe.org.