



Reasonable Accommodation Request Form

CONFIDENTIAL

THIS FORM IS TO BE USED BY INDIVIDUALS WHO ARE ENROLLING IN Pro Board Examination AND WHO WISH TO REQUEST ACCOMMODATIONS FOR EXAMINATIONS. Applicants must complete all sections of the Reasonable Accommodation Request Form. The purpose of this form is to assist MCFD 6 in determining whether, or to what extent, a reasonable accommodation is appropriate for a qualified enrollee. This form will be filed separately from your training records and is a confidential document.

All completed documents should be returned to:

Mason County Fire District 6
Attn: AC Cody Daggett
PO Box 39
Union Wa 98592

Email: proboard@mcfid6.com

SECTION I:

Student Contact Information (To be completed by the student requesting an accommodation.)

Today's Date:

Name:

Telephone:

Address:

Email Address:

Home Department/unit:

Class you are requesting accommodation for:

(Name of Class) (Location of Test) (Date of Class)

SECTION 2:

1. Identify the physical and/or mental impairment(s) for which you are requesting an accommodation and expected duration of the impairment(s).

2. Explain how the impairment(s) listed in #1 affects your ability to complete a written examination or skills evaluation.

3. List the accommodation(s) you are requesting in order to complete a written exam or physical skills evaluation (attach additional pages if necessary). Note: Although you may request a specific accommodation, you are not guaranteed to receive the accommodation of your choice.

4. Medical Verification (Must check at least one box):

- I have enclosed the applicable medical documents from a certified clinician/physician appropriate for the disability.
- The disability and the need for a reasonable accommodation is obvious and no medical documentation is needed. Explain

I have already provided sufficient medical documents relating to my impairment(s) to the testing office at MCFD 6 within the last 3 years.

I, _____, give MCFD 6 permission to explore reasonable accommodations under the ADA, and all applicable State and Federal laws. I understand that all information obtained during this process will be maintained and used in accordance with the ADA, including its confidentiality requirements.

Signature of Requestor

Date