Special Accommodations Request

35 calendar day notice required

NCC AP is happy to accommodate any special needs you may have for taking your certification examination. Please complete this form and return it to us via mail, e-mail or fax. **You must also include a physician’s note or other documentation explaining why the test taker needs special accommodations.** The form must be received 35 calendar days before the requested testing date. A representative from NCC AP will contact you to register you for the exam. You cannot register online for a special accommodations examination. Questions 1 through 7 are required to be completed below.

1. Test Center Name:

   ____________________________________________________________

2. Examination Name:

   ____________________________________________________________

3. Test Taker Name:

   ____________________________________________________________

4. 1st Requested Date and Time:

   ____________________________________________________________

5. 2nd Requested Date and Time:

   ____________________________________________________________

6. 3rd Requested Date and Time:

   ____________________________________________________________

7. Date Form was Submitted:

   ____________________________________________________________
7. Type of Special Accommodation needed:
   □ Reader
   □ Reader and Recorder
   □ Translator
   □ Sign Language Interpreter
   □ Screen Magnification software
   □ Private Room
   □ Food/Drink/Medical Equipment required during test session - (describe the specific items needed in the additional information section below)
   □ Attendance of Service Animal
   □ Extended Exam Time included
   □ Other - (please describe in the additional information section below)

Additional information:

________________________________________________________________________________________
________________________________________________________________________________________