



**Request for Disability Accommodation**  
**Texas Department of Health**  
**Bureau of Emergency Management**

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If you have a disability requiring appropriate accommodation(s) in taking the state examination, be sure to complete and submit this form along with the application. In addition, please **attach** on letterhead stationary a statement from a qualified professional who is familiar with your disability. This statement must confirm and describe the disability for which you require accommodation. This information will **not** be filed with your application or test results and will be confidential.

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Do you have any disability-related needs that we should be made aware of in order to provide reasonable accommodation for the EMS certification/licensure examination? If the answer is “yes,” please specify.

Disability: \_\_\_\_\_

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\_\_\_\_\_

Have you had testing accommodation(s) in your recent academic activities? If the answer is “yes,” specify the type of accommodation. Have a professional familiar with your disability complete this form if needed.

<b>Disability</b>	<b>Type of Test Accommodation</b>
_____	_____
_____	_____
_____	_____
_____	_____

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Please sign and date this form. Make sure the professional who helps you complete the form and/or supplies the attached statement concerning your disability also signs and dates the form.

\_\_\_\_\_  
Signature (Applicant) \_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Applicant

\_\_\_\_\_  
Signature (Professional) \_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Professional

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