ADA Accommodation Request Form

The American Boat & Yacht Council (ABYC) endeavors to comply with The Americans with Disabilities Act of 1990 with all of its program offerings. The law defines disabilities as physical or mental impairments that substantially limit one or more of a person’s major life activities such as speaking, hearing, walking, seeing reading or writing. The ABYC will provide reasonable accommodations to qualified applicants for our classes and or examinations to those who have documented disabilities and demonstrate a need.

Instructions: To qualify for accommodations, candidates must complete this form and submit it to the ABYC education department at the time of registration for a class or certification exam. The form needs to be submitted along with supporting documentation from a qualified health professional which addresses the issues listed below.

Section I (To be completed by the candidate):

Name: ____________________________________________________________

Specific accommodation being requested under The Americans with Disabilities Act:

_________________________________________________________________

_________________________________________________________________

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_________________________________________________________________

Identify your specific physical or mental disability that requires the above accommodations:

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_________________________________________________________________

Signature: ___________________________ Date: _________________________
Section II (To be completed by a qualified health professional and attached to this form):

Diagnosing Specialist Information:

Name: ______________________________
Title: __________________________________
Address: ________________________________
______________________________________________________________________________
______________________________________________________________________________

Telephone: __________________________ Email: _______________________________________

- Please include your professional credentials, training, work experience or any licenses you hold that support your qualifications to diagnose or treat this candidate’s disabilities.

Applicant information, please include:

- Statement of the specific diagnosis of the disability.
- Describe the candidate’s functional limitations due to the disability and the impact of those limitations due to the disability and the impact of those limitations on physical, perceptual and cognitive abilities.
- Your recommended specific accommodations and provide rationale as to how it will reduce the impact of the functional limitation for an industry certification.

Signature: _______________________________ Date: _________________________________