





**Documentation of Disability-Related Needs**

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If you have a learning disability, a psychological disability, or other disability that requires an accommodation in testing, please have this section completed by an appropriate professional (education professional, doctor, psychologist, psychiatrist) to certify that your disabling condition requires the requested test accommodation. If you have existing documentation of the same or similar accommodation provided for you in another test situation, you may submit such documentation instead of completing the "Professional Documentation" portion of this form.

**Professional Documentation**

I have known \_\_\_\_\_ since \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Applicant)

in my capacity as \_\_\_\_\_.  
(Professional Title)

The applicant discussed with me the nature of the test to be administered. It is my opinion that because of this applicant's disability described below, he/she should be accommodated by providing the special arrangements identified on the accompanying **Request for IAHSS Examination Special Accommodation**.

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signed: \_\_\_\_\_ Title: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email: \_\_\_\_\_

License # (If applicable): \_\_\_\_\_

Date: \_\_\_\_\_

Please return this form to:  
International Association for Healthcare Security and Safety  
8420 W. Bryn Mawr Ave. Suite 1020  
Chicago IL 60631 or email [nancy@iahss.org](mailto:nancy@iahss.org)