



ASSOCIATION OF
**WORKPLACE
INVESTIGATORS**

Request for Accommodation Form

Accommodations are provided on an individual basis and depend on the nature of the disability or impairment, the documentation provided, and the requirements of the training or examination. AWI will make reasonable efforts to provide such accommodations, provided that sufficient notice of the need for such accommodations has been provided to AWI, the disability or impairment has been documented by a professional qualified to do so, the accommodations do not fundamentally alter the learning event or the measurement of the skills or knowledge the assessments are intended to measure, and do not result in an undue burden to AWI or other learners or examinees. A completed Request for Accommodation form and supporting documentation must be submitted to Alexa.Rojas@awi.org up to two weeks prior to the start date of the Institute.

Participants who engage in religious observations that could impact attendance should contact the Program Manager directly about accommodations to support their ability to participate in accordance with AWI's Attendance Policy and to engage in their religious observations. Requests may be submitted at any time and must be submitted at least two weeks in advance to allow for appropriate coordination. You are encouraged to submit your request as far in advance as practical. Section 4 of this form is not required to submit this request. The Program Manager is also happy to answer informal questions to support you in understanding the attendance policy.

Section 1: Examinee Information

Name

Date of Birth

Email Address

Telephone Number

Section 2: Exam Information

Institute Name

Date of Exam

Section 3: Explanation of Accommodation

Please provide a brief explanation of the accommodation that you are seeking.

Section 4: Documentation Guidelines

Documentation must meet the following guidelines in order to be processed:

- ☐ Be current (within three years, if possible)
- ☐ Include a detailed description of current functional limitations
- ☐ Written by a professional qualified for evaluating the disability
- ☐ Include the examinee’s name, date of birth and the date of diagnosis or of last evaluation

Association of Workplace Investigators, INC Internal Use Only

☐ Approved

Reviewed by

Type of Accommodation

☐ Not Approved

Date Reviewed

Reason