

## Appendix F

# Request for Exam Accommodation

This form must be submitted directly to National Restaurant Association Solutions (NRA Solutions) by the examinee or on behalf of the examinee. Please provide the following information and fax this form to 866.665.9570 (toll-free) or to 312.583.9853 (local direct) All examinees will be notified of their approved or denied accommodation status via email. It is the examinee's responsibility to notify their proctor of their approved examination so the proctor can prepare for the accommodation.

### **Accommodation requested for following delivery method:**

*(Must select one)*

- Print Exam
- Online Exam
- Pearson Vue Testing Center

### **Section I. Examinee Information**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date of birth

\_\_\_\_\_  
Email address

\_\_\_\_\_  
Daytime telephone number

### **Section II. Type of Accommodation Requested**

*(Select all that apply)*

- Reader (signed *Reader Non-disclosure & Confidentiality Agreement* must be attached)
- Separate room/alternate exam location
- Extra time
- Scribe
- Sign language interpreter

### **Section III. Instructor/Proctor/Organization Information**

\_\_\_\_\_  
Name of proctor (if known)

\_\_\_\_\_  
Name of sponsoring organization

\_\_\_\_\_  
Date of exam

### **Section IV. Documentation Guidelines**

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

- Be current (within 3 years if possible)
- State a specific diagnosis
- 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 date of last evaluation
- Proof of previous accommodation



# Reader Guidelines

As the Reader for the ServSafe Exam you attest to the following:

- You have no personal relationship with the examinee.
- You are not a Certified Food Protection Manager nor have any vested interest in food protection.
- You will not provide cues to the examinee(s) or answer questions during the administration of the exam.
- You will administer the exam in a separate room, free from distraction.
- You have read and signed the *Reader Nondisclosure & Confidentiality Agreement*.

# Reader Nondisclosure and Confidentiality Agreement

This Reader Nondisclosure and Confidentiality Agreement (hereafter "Agreement") is made on this date, as listed below, by Reader and between National Restaurant Association Solutions, LLC.

The content reviewed is considered privileged and strictly confidential information. All information will be considered proprietary and confidential information and will be held in strictest confidentiality and by all participants who will be held liable for any breach of this Agreement.

This Agreement shall be governed by, construed in accordance with, and enforced solely in the State of Illinois. Each party agrees any claim or action relating to the Agreement shall be commenced exclusively in an appropriate court in the State of Illinois and each party waives any objection to personal jurisdiction in such court the party may otherwise have.

The parties agree that the Agreement shall be interpreted and enforced according to the State of Illinois. That the Agreement represents the entire Agreement between the parties and supersedes any prior oral or written agreement, understanding or communication on the subject matter. The provisions hereof shall be binding and inure to the benefit of the parties and their successors.

<b>Reader</b>	
_____	
By	_____
Signed	_____
Title	Email address
Date	Contact phone
<b>National Restaurant Association Solutions, LLC</b>	
_____	
By	_____
Signed	_____
Title	_____

233 S. Wacker Drive, Suite 3600, Chicago, IL 60606-6383  
Phone: 800.765.2122 Websites: Restaurant.org | NRAEF.org | ServSafe.com

## Appendix G

# Request for Foreign Language Translation

*Please fill out all of the information below.*

*This form will be returned to you to complete in the event of any missing information.*



### Examinee Information

\_\_\_\_\_  
Examinee name

\_\_\_\_\_  
Date of birth

\_\_\_\_\_  
Email address

\_\_\_\_\_  
Daytime telephone

\_\_\_\_\_  
Date of exam (if known)

\_\_\_\_\_  
Date sent to National Restaurant Association



### Instructor/Proctor/Organization Information

\_\_\_\_\_  
Name of proctor (if known)

\_\_\_\_\_  
Organization name and address

\_\_\_\_\_  
Proctor contact telephone

\_\_\_\_\_  
Proctor email address

\_\_\_\_\_  
Contact telephone (if different from the proctor)



### Translator Guidelines

	<b>Agree</b>	<b>Disagree</b>
• You will administer the exam in a separate room, free from distraction.	<input type="checkbox"/>	<input type="checkbox"/>
• You are not a Certified Food Protection Manager nor have any vested interest in food protection.	<input type="checkbox"/>	<input type="checkbox"/>
• You will not provide cues to the examinee(s) or answer questions during the administration of the exam.	<input type="checkbox"/>	<input type="checkbox"/>
• You have no personal relationship with the examinee.	<input type="checkbox"/>	<input type="checkbox"/>
• You have read and signed the Translator Nondisclosure & Confidentiality Agreement (next page).	<input type="checkbox"/>	<input type="checkbox"/>
• You have provided references or other proof verifying your translation experience.	<input type="checkbox"/>	<input type="checkbox"/>



## Translator Nondisclosure & Confidentiality Agreement

This translator Nondisclosure and Confidentiality Agreement (hereafter “Agreement”) is made on this date, as listed below, by translator and between National Restaurant Association Solutions, LLC.

The content reviewed is considered privileged and strictly confidential information. All information will be considered proprietary and confidential information and will be held in strictest confidentiality and by all participants who will be held liable for any breach of this Agreement.

This Agreement shall be governed by, construed in accordance with, and enforced solely in the State of Illinois. Each party agrees any claim or action relating to the Agreement shall be commenced exclusively in an appropriate court in the State of Illinois and each party waives any objection to personal jurisdiction in such court the party may otherwise have.

The parties agree that this Agreement shall be interpreted and enforced according to the State of Illinois. That the Agreement represents the entire Agreement between the parties and supersedes any prior oral or written agreement, understanding or communication on the subject matter. The provisions hereof shall be binding upon and inure to the benefit of the parties and their successors.



### ***Translator***

Translated by \_\_\_\_\_

Translator signature \_\_\_\_\_ Date \_\_\_\_\_

Translator title \_\_\_\_\_

Email address \_\_\_\_\_ Telephone number \_\_\_\_\_

#### **INTERNAL USE ONLY - NRA SOLUTIONS**

Date request received: \_\_\_\_\_

Reviewed by: \_\_\_\_\_

Reviewer title: \_\_\_\_\_

Reviewer signature: \_\_\_\_\_

Complete

Incomplete

Approved

Not Approved