DOCUMENTATION OF DISABILITY-RELATED NEEDS

Please have this section completed by an appropriate professional (physician, psychologist and/or psychiatrist) to ensure that TCBAP is able to provide the required exam accommodations. Submitted documentation must follow ADA guidelines in that psychological or psychiatric evaluations must have been conducted within the last **three years**. All medical/physical conditions require documentation of the treating physician's examination conducted within the previous **three months**.

Professional Documentation

I have known_____ since _____/_____/_____
Exam Candidate

In my capacity as a _____.
Professional Title

The candidate discussed with me the nature of the exam to be administered. It is my professional opinion that, because of this candidate's disability described below, he/she should be accommodated by providing the special arrangements listed below:

Description of disability and justification for accommodation(s):

Signed: _____ Title: _____

Printed Name: _____

Address: _____

City/State/Zip: _____

Telephone Number: _____ Email: _____

License Number: _____ Date: _____
(if applicable)

Return this form along with your Request for Special Accommodations form to TCBAP at least one month prior to your desired exam date.

Updated 07/2018

REQUEST FOR SPECIAL ACCOMMODATIONS

If you have a disability that requires special testing accommodations, please complete this form and the Documentation of Disability-Related Needs and return it to your IC&RC member board (TCBAP) for processing. The information you provide and any documentation regarding your disability and your need for accommodations in testing will be treated with strict confidentiality. Submitted documentation must follow ADA guidelines in that psychological or psychiatric evaluations must have been conducted within the last **three years**. All medical/physical conditions require documentation of the treating physician's examination conducted within the previous **three months**.

Preferred Exam Date: _____ Preferred Exam Location: _____

Name: _____

Home Address: _____

City/State/Zip: _____

Daytime Telephone Number: _____

Email: _____

Special Accommodations

I request special accommodations for the following IC&RC examination (please check one):
❒ ADC ❒ AADC ❒ CCS ❒ PS ❒PR ❒ CCJP

Please provide (check all that apply):

- ❒ Extended testing time (time-and-a-half)
- ❒ Distraction-free room
- ❒ Reader
- ❒ Scribe
- ❒ Special seating or other physical accommodation
- ❒ Other special accommodations (please specify, below):

Comments: _____

_____

_____

Signed: _____ Date: _____

Return this form along with your Documentation of Disability-Related Needs form to TCBAP at least one month prior to your desired exam date.

Updated 07/2018