



REQUEST FOR SPECIAL ACCOMODATIONS FOR THE ACT CERTIFYING EXAMINATION

The American College of Theriogenologists complies with the Americans with Disabilities Act of 1990. To ensure equal opportunities for all qualified persons, the ACT will make reasonable accommodations for candidates when appropriate. If you require special accommodations related to a disability in order to take the examination, you must complete this form and return it with your examination application.

Please type or print all information.

Last Name	First Name	Middle Initial
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Telephone number: (____) _____ Anticipated Examination Date: _____

Have you previously taken the ACT Certifying Examination? Yes No

If yes, on what date? _____

Please identify the disability that substantially limits one or more of your sensory, manual, or speaking skills (e.g., disability that impairs significantly your ability to arrive at, read, or otherwise complete the examination):

Will your disability require a special accommodation in order for you to take the ACT Certifying Examination?
 Yes No

If yes, please list the special testing accommodation requested. Use a separate sheet if more space is needed.

Note: You must provide the ACT with written documentation from an appropriate health care professional supporting the accommodation you are requesting. This documentation must include a diagnosis of your health condition and a specific recommendation and justification for the special testing accommodation that you require. This documentation must be included with the submission of your examination application. The ACT will not pay any costs that you may incur in obtaining the required diagnosis and recommendation. However, the ACT will pay for any reasonable accommodations that are provided for you.

Signature of Candidate

Date