

**PEECB**

BEYOND  
RECOGNITION

**EXAMINATION  
SPECIAL  
ACCOMMODATION  
REQUEST FORM**

## **Examination Special Accommodation Request Form**

To ensure equal opportunities for all qualified persons, PECB complies with “The Americans with Disabilities Act of 1990”. Thus, when appropriate, PECB will make reasonable accommodation for candidates. If you require special accommodation related to special needs in order to take the exam, please complete this form and return it along with your medical report. The information you provide and any documentation regarding your special needs and your request for accommodation will be treated with strict confidentiality.

Once the application form is reviewed, the Examination Team shall notify the applicant regarding the acceptance/rejection of the request prior to the exam date. Appropriate arrangements and accommodation shall be made for all candidates with special needs who file the appropriate request and include appropriate documentation based on 05080-PO3-Examination Special Accommodation Policy.

[PECB Privacy Statement | PECB](#)

[Data Protection Policy | PECB](#)

## 1. Personal Information

Last Name:

First Name:

Middle Initial:

Phone Number:

Exam Name:

Email Address:

Exam Date:

## 2. Reason for Request

Please provide a detailed explanation of the reason why you are seeking a special accommodation. You should explain how your special needs substantially limit one or more of your sensory, manual, speaking or other functional skills (e.g., special needs that impairs significantly your ability to arrive at, read, or otherwise complete, the exam). Attach additional pages if needed.

## 3. Special Accommodation Needed

Please list below the special testing accommodation you are requesting. Use a separate sheet if more space is needed.

**NOTE:** If you are requesting special accommodation due to a health condition or a functional limitation, you must provide PECB with written documentation from an appropriate health care professional supporting your accommodation requested. This documentation must be signed and issued by your physician and institution specialized in the area of your special needs. A specific diagnosis of your health condition and/or functional special needs and a specific recommendation, and justification should be included for the special testing accommodation requested. PECB will not pay any costs you may incur in obtaining the required diagnosis and recommendation. For more detailed information regarding special accommodation, please contact us at [examination@pecb.com](mailto:examination@pecb.com)

Documentation from a healthcare professional is attached: Yes          No

## 4. Signature

I attest that the information contained in this document or attached to is true and correct.

Signature

Date