

Professional Documentation for Testing Accommodations

Evaluation must be conducted by a medical professional and have occurred no earlier than 3 years prior to application:

I have evaluated _____ on ____ / ____ / ____ in my
candidate name date

capacity as a _____ . I have been informed of the nature of the
Professional title

examination to be administered. It is my opinion that because of this candidate’s disability, as described below, he/she should receive the testing accommodations requested above.

Description of disability (please attach any supporting documentation):

If extra testing time is recommended, specify the amount of time requested (e.g. 1 extra hour):

Professional’s Name		Credentials	
Address			
City	State	Zip	
Professional License Number & State of Issue		Email Address (required)	
Signature	Date		

Applicant: Please scan and upload to online application for complete submission.