

## Request for Special Examination Accommodations

If you have a disability covered by the Americans with Disabilities Act, please complete this form and the Documentation of Disability-Related Needs on the reverse side so your accommodations for testing can be processed efficiently. The information you provide and any documentation regarding your disability and your need for accommodation in testing will be treated with strict confidentiality.

### Candidate Information

\_\_\_\_\_  
Name (Last, First, Middle)

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code/Postal Code

\_\_\_\_\_  
Country

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Fax

\_\_\_\_\_  
E-mail

### Special Accommodations

I request special accommodations for the  CCHP,  CCHP-RN or  CCHP-A examination on

\_\_\_\_\_ (exam date) at \_\_\_\_\_ (exam location).

Please provide (check all that apply):

- Special seating
- Reader
- Extended testing time (time and a half)
- Distraction free room
- Other special accommodations (Please specify.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Return this form at the time of your application to:  
CCHP Board of Trustees, 1145 W. Diversey Parkway, Chicago, IL 60614

### Documentation of Disability-related Needs

Please have this section completed by an appropriate professional (e.g., education professional, physician, psychologist, psychiatrist) to ensure that NCCHC is able to provide the required examination accommodations.

#### Professional Documentation

I have known \_\_\_\_\_ (examination candidate) since \_\_\_\_\_ (date) in my capacity as a \_\_\_\_\_ (professional title).

The candidate discussed with me the nature of the examination to be administered. It is my opinion that, because of this candidate’s disability described below, he/she should be accommodated by providing the special arrangements listed on the reverse side.

Describe disability: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signed: \_\_\_\_\_ Title: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_

Date: \_\_\_\_\_ License #: \_\_\_\_\_

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