



Request for Special Testing Accommodations

The UPPCC will work with Prometric to provide for reasonable testing center adaptations to accommodate exam candidates with disabilities and other special needs as defined by the Americans with Disabilities Act. Candidates must complete Section A (Request) and have the appropriate licensed physician, therapist, or other healthcare worker complete Section B (Documentation) and submit the completed form to the UPPCC within ten (10) calendar days of receiving the individuals application for certification.

SECTION A: CANDIDATE REQUEST FOR SPECIAL TESTING ACCOMODATIONS

Applicants Name

Full Name: _____

Address: _____

City: _____ State/Province: _____

Zip/Postal Code & Country: _____ Phone: _____

Special Testing Accommodations Requested

Please check all that apply:

- Additional Testing Time. Specify extra time needed here: _____
- Separate Testing Room
- Special Seating
- Wheelchair access
- Other accommodations (please specify): _____

SECTION B: DOCUMENTATION OF DISABILITY/SPECIAL NEEDS REQUEST FOR TESTING

The candidate must have a licensed healthcare provider, therapist, etc. complete Section B. The provider must describe the disability, how the disability was diagnosed and a description of past accommodations made for the disability. Section B must adequately support the request for special accommodations made by the candidate in Section A.

PROFESSIONAL DOCUMENTATION

I have known _____ since _____
(Name of Applicant) (Date)

in my capacity as a(n) _____
(Professional Title)

The applicant discussed with me the nature of the test to be administered. It is in my professional opinion that, because of this applicant's disability/special need as described below, he/she should be accommodated by providing the special arrangements listed in Section A of this Form.

Comments: _____

Signature: _____ Date: _____

License #: _____

Please mail, fax or email the completed form to: **Universal Public Procurement Certification Council (UPPCC)**
ATTN: TESTING REQUESTS
151 Spring Street
Herndon, Virginia 20170 USA
Facsimile: +1-703-796-9611
E-mail: certification@uppcc.org