NCEES Accommodations Request Form

Examinees who would like to request accommodations based on a physical or mental impairment should do so during the exam registration process. Once you have received an NCEES ID, please complete the following information and provide appropriate documentation for your request.

Your supporting documentation should confirm your impairment(s), discuss the functional limitations that you experience as a result of your impairment(s), and explain why you need the accommodations that you have requested. Please see our Information and Procedures for Individuals with Disabilities Who Need Testing Accommodations for more information. Your request form and supporting documentation must be submitted to NCEES through your NCEES account. Please type or print 1. Name: Middle Initial Last First 2. Address: Street City State Zip Code Daytime Telephone Number **NCEES Examinee ID number:** 3. 4. Accommodations are requested for the following NCEES examination: \Box FE \square PE \Box FS \square PS

Have you taken this exam before? \square Yes \square No

5.

7.	Nature of your impairment:							
	☐ Hearing Impairment ☐ Learning Disability ☐ Physical Impairment	irment						
	☐ Visual Impairment ☐ ADHD ☐ Psychiatric Im	pairment						
	☐ Nursing Mother: ☐ Other:							
8.	Effects of Your Impairment.							
	How and under what circumstances does your impairment substantially limit your major activities? Explain how your impairment affects your ability to take NCEES exams and why need each of your requested accommodations. Please attach additional pages if you want to explain the functional limitations caused by your impairment(s) in greater detail.							
9.	How long ago was your disability first professionally diagnosed?							
	\square less than 1 year \square 1-2 years \square 2-4 years \square 5 or more years							
10.	What accommodation(s) are you requesting? Please check all that apply.							
	☐ Additional Testing Time ☐ Extra break time							
	☐ Separate Test Room ☐ Recorder of answers (scribe	,						
	☐ Reader ☐ Other							
11.	If you are requesting additional time, please indicate the amount of extra testing time you are requesting:							
	\Box 1 hour \Box Time and one half \Box Double time							
	☐ Other (please specify):							
12.	2. Do you require wheelchair access at the examination facility? Yes	□ No						

13.	Have you received accommodations on other standardized tests or in educational or work settings?							
	A.	Standardized Ex	aminations	□ Yes	□ No			
		Name of Exam: Accommodation(s) Received: (If extra time, note amount given Name of Exam: Accommodation(s) Received: (If extra time, note amount given			Month/Year/			
					_)			
					Month/Year	/		
					_)			
	B.	College	□ Yes		□ No			
		If yes, accommod						
	C.	High School	□ Yes		□ No			
		If yes, accommod						
	D.	Work	□ Yes		□ No			
		If yes, accommod	ation(s) received:					
14.	Certification:							
	I hereby confirm that the information on this form is accurate.							
	Signa	ature:		I	Date:			