

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: _____
Last First Middle Initial

2. Address:

Street

City State Zip Code

Daytime Telephone Number

3. NCEES Examinee ID number: _____

4. Accommodations are requested for the following NCEES examination:

FE PE FS PS

5. Have you taken this exam before? Yes No

6. Paper & Pencil Exams Only: What exam date you are requesting accommodations for?

April _____ October _____
Year Year

7. Nature of your impairment:

- Hearing Impairment Learning Disability Physical Impairment
 Visual Impairment ADHD Psychiatric Impairment
 Nursing Mother: Other: _____

8. Effects of Your Impairment.

How and under what circumstances does your impairment substantially limit your major life activities? Explain how your impairment affects your ability to take NCEES exams and why you 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?

- less than 1 year 1-2 years 2-4 years 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:

- 1 hour Time and one half Double time
 Other (please specify): _____

12. 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 Examinations Yes No

Name of Exam: _____ Month/Year _____ / _____

Accommodation(s) Received: _____

(If extra time, note amount given _____)

Name of Exam: _____ Month/Year _____ / _____

Accommodation(s) Received: _____

(If extra time, note amount given _____)

B. College Yes No

If yes, accommodation(s) received: _____

C. High School Yes No

If yes, accommodation(s) received: _____

D. Work Yes No

If yes, accommodation(s) received: _____

14. Certification:

I hereby confirm that the information on this form is accurate.

Signature: _____ Date: _____