



Special Testing Accommodations/ Disability Request Form

IBHRE will provide reasonable testing accommodations for exam candidates with disabilities that are covered under the Americans with Disabilities Act (ADA). The ADA defines a person with a disability as someone with a major physical or mental impairment that substantially limits one or more major life activities (i.e., walking, sitting, standing, seeing, hearing, speaking, breathing, learning, working, caring for oneself, and performing manual tasks).

To support a request for special accommodations, candidates must submit the following documentation with their exam application:

- The *Special Testing Accommodations/ Disability Request Form* completed and signed by the candidate indicating the nature of the disability and the special accommodations needed.
- A signed letter from an appropriate and qualified healthcare professional. The documentation must:
 - Be current (completed within the last three years)
 - Clearly state the diagnosed disability or disabilities
 - Describe the functional limitations resulting from the disability
 - Describe the specific accommodations requested and the rationale for such accommodations
 - Be typed or printed on official letterhead and signed by the evaluator qualified to make the diagnosis

The purpose of the documentation is to validate that the candidate is covered under the ADA as a disabled individual. Additional documentation may be required to support the request. All documentation submitted in support of a request for special accommodation will be kept confidential. IBHRE will only use the documentation for determination of special testing arrangements and will not disclose the documentation to other individuals. There is no extra charge to the candidate for making these special arrangements. If you have any questions please contact IBHRE at info@ibhre.org.

Candidate Name: _____ Customer ID # _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip: _____

Country: _____ Preferred E-Mail: _____

Certification : _____ Examination Date: _____

*Preferred Prometric Testing Center: _____

Describe the nature of your disability: _____

Describe your accommodation need(s): _____

Attach a signed letter from an appropriate and qualified healthcare professional that meets the documentation criteria listed above.

I attest that the information provided on this form is true and accurately describes the nature of my disability. Attached to this form is a letter of verification from the qualified healthcare professional that treats/diagnosed my condition. I am aware that if my claim(s) for special accommodations are found to false or misleading that it may result in the revocation of my exam candidacy or, if applicable, my certification.

Print Name _____ Signature _____

Date: _____

*Visit www.prometric.com/IBHRE to locate your preferred testing center. Please provide the center name and numeric code in the field above.