

Section B. Nature of Disability

Indicate the nature of your disability, the year it was first professionally diagnosed, and the date of your most recent evaluation. (Select all that apply):

- Disability
- Vision
- Physical
- ADHD
- Learning
- Psychological
- Hearing
- Other (Specify: _____)

First diagnosed _____ Most recent evaluation _____

Section C. Previous Accommodations

Have you previously received test accommodations? Yes No
If yes, provide name of examination, test date, and accommodations received:

Have you previously received educational accommodations? Yes No
If yes, provide name of school, applicable dates, and accommodations received:

Have you previously received workplace accommodations? Yes No
If yes, provide name of employer, applicable dates, and accommodations received:

Section D. Requested Accommodations

Select all that apply.

- Additional time
- Reader or screen reader software
- Sign language interpreter (for spoken directions and candidate questions only)
- Trackball mouse
- Enlarged font
- Separate test room
- Other equipment or accommodation (Please explain: _____)

Section E. Personal Statement

Please describe how your disability impacts your daily life. Attach additional pages if necessary.

Section F. Authorization

By signing below, I attest that the information I have provided on this request form is accurate, true, and correct to the best of my knowledge. I agree to and authorize the release of this information to ABIH for use in determining eligibility for the requested accommodation in testing. I understand that ABIH reserves the right to verify any and all information in my application. Therefore, I understand and agree that my failure to provide accurate, true, and correct information shall constitute grounds for rejection of my request for this accommodation in testing.

Signature: _____ Date: _____

Your request will be reviewed upon approval to sit for the ABIH examination and receipt of all relevant materials as described above. You will receive a decision by written notification from ABIH. For reasons of confidentiality, information regarding the granting or denial of test accommodations will not be released by telephone.

If you have any questions, please contact the Certification Program Manager, Ron Drafta, at 517-321-2638 Ext 11

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