



**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.

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**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*