AMERICAN BOARD OF INDUSTRIAL HYGIENE (ABIH)  
TEST ACCOMMODATION REQUEST FORM

To request test accommodation for a disability covered by the Americans with Disabilities Act as amended in 2008:

1.) Read the Documentation Guidelines carefully.
   Share them with the professional who will be preparing your documentation.

2.) Complete this form in full. Read and sign the Authorization (Section F) below.

3.) Attach documentation of your disability and your need for accommodation.
   Be sure your documentation includes the information listed in the Documentation Guidelines.
   Include supporting documentation (i.e., school records, records of prior testing accommodations,
   medical records, lab reports, etc.) as necessary to support your request.

   INCOMPLETE DOCUMENTATION WILL DELAY PROCESSING OF YOUR REQUEST

4.) Be sure that:
   - All information you submit is typed or printed. Material from evaluators must be on official letterhead.
   - All documents must be in English. You are responsible for providing certified English translations of foreign-language documentation.
   - You include documentation of your functional impairment in activities beyond test-taking.

4.) Send your completed ABIH Test Accommodation Request Form and supporting documentation WITH YOUR APPLICATION FOR THE CERTIFICATION EXAM BY THE NORMAL APPLICATION DEADLINE (February 1/August 1) to:

   AMERICAN BOARD OF INDUSTRIAL HYGIENE  
   6015 West St. Joseph, Suite 102  
   Lansing, MI 48917-3980  
   Fax: (517) 321-4624

Section A. Biographical Information

Name: ____________________________________________
   Last                             First                   Middle Initial

Address: ____________________________________________
   Street                                                  City/State/Zip Code

Telephone: ___________________      ______________________
   Day                           Evening

Email Address: ________________________________

April 18, 2011
**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):

- [ ] 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: ____________________________)

April 18, 2011
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