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:

rdrafta@abih.org (preferred) or
AMERICAN BOARD OF INDUSTRIAL HYGIENE
6005 West St. Joseph, Suite 300
Lansing, MI 48917

Section A. Biographical Information

Name: ________________________________________________

                        Last                     First                     Middle Initial

Address: _____________________________________________

                      Street                                      City/State/Zip Code

Telephone: _______________________ _______________________

                        Day        Evening

Email Address: ________________________________
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 rdrafta@abih.org

April 2017