SLCC | SENIOR LIVING CERTIFICATION COMMISSION

REQUEST FOR TESTING ACCOMMODATION

If you are requesting a special testing accommodation and have a disability covered by the Americans with Disabilities Act, please complete this form. The information you provide and any documentation regarding your disability and special testing accommodations will be held in strict confidence. Please submit this form and your application at least 30 days in advance of testing.

Candidate Information

Exam Name

Test Date

Name (Last, First, Middle Initial)

Address

City State Zip Code

Daytime Telephone Number

Email Address

Special Accommodations

I request special accommodations as follows: (Check all that apply)

_____ Special seating or other physical accommodation

_____ Reader

_____ Screen magnification software

_____ Extended testing time _____
Specify Total hours requested

_____ Distraction-free room / Tested separately

_____ Other special accommodations (Please specify.)

Signed: _____ Date: _____
Candidate Signature

DOCUMENTATION OF SPECIAL NEEDS

Please have this section completed by an appropriate health care professional (e.g., physician, psychologist, psychiatrist)

Professional Documentation

I have evaluated _____ on _____/_____/_____ in my capacity as a
Exam Candidate Month Day Year

_____ .
Professional Title

The candidate discussed with me the nature of the exam to be administrated. It is my opinion that, because of this candidate's disability described below, he/she should receive the special testing accommodations listed above.

Description of disability: _____

Signed: _____ Title: _____

Professional's Name: _____

Address: _____

Telephone Number: _____ E-mail Address: _____

Date: _____ License # (if applicable): _____

Please return this completed signed form with your application and fees to:
Argentum: 1650 King Street, Suite 602, Alexandria, VA 22314, or email to certification@slcccertification.org.