



Raising Standards. Promoting Confidence.

SPECIAL ACCOMMODATIONS REQUEST FORM

To ensure equal opportunities for all qualified persons and in compliance with the Americans with Disabilities Act of 1990, the North American Board of Certified Energy Practitioners, Inc®. (NABCEP®) will make reasonable accommodations for candidates when possible. Email completed forms to mbell@nabcep.org. The information you provide and any documentation regarding your disability and your need or accommodation will be treated with strict confidentiality. Review of requests for accommodations can take 3-4 weeks or more and should be submitted as far in advanced as possible.

Circle which of the examinations below are you requesting accommodation:

PVIP PVTS SHI PVA SHA SWA PVDS PVIS PVCMS

1. Personal Information		
Name: Last	First	Middle Initial
Phone Number:	Anticipated Exam Date:	
Email Address:	Anticipated Exam Site:	
2. Reason for Request		
I am requesting an exam accommodation due to: a disability <input type="checkbox"/> a religious observance <input type="checkbox"/> other <input type="checkbox"/>		
Please provide a detailed explanation of the reason(s) why you are seeking accommodation(s). For example, if you are seeking accommodation due to a disability, you should explain how it substantially limits one or more of your sensory, manual, speaking or other functional skills (e.g., disability that significantly impairs your ability to read, concentrate, or otherwise complete the examination). Attach additional pages if needed.		
3. Special Accommodation Needed		
Please select the accommodation(s) you are requesting		
<input type="checkbox"/> Time and a half	<input type="checkbox"/> Additional _____ minutes	<input type="checkbox"/> Assistance completing answer sheet
<input type="checkbox"/> Reader	<input type="checkbox"/> Magnified print	<input type="checkbox"/> Separate Room

<input type="checkbox"/> Extra or extended breaks (without additional exam time)	<input type="checkbox"/> Sign language interpreter or printed copies of verbal instructions	<input type="checkbox"/> Paper and pencil version of computerized exam* <i>*Available only in U.S. and Canada</i>
<input type="checkbox"/> Other: (please specify)		
4. Accommodation History		
<i>Have you ever received special accommodations:</i> Yes <input type="checkbox"/> No <input type="checkbox"/> <i>If you have ever received special accommodation please provide the following information</i>		
Year of accommodation	Type of accommodation	Name of institution/organization that provided accommodation
5. Documentation of Need for Accommodation		
<p>If you are requesting an accommodation due to a health condition or a functional disability, you must provide NABCEP with written documentation from an appropriate health care professional supporting the accommodation you are requesting. This documentation must include a specific diagnosis of your health condition and/or functional disability, results from all assessments that were used to determine the diagnosis, and a specific recommendation for the special testing accommodation(s) that you require. In most cases, this documentation cannot be dated later than three years previous. NABCEP will not pay any cost you may incur in obtaining the required diagnosis and recommendation; however, NABCEP will pay for any reasonable accommodations that are provided for you.</p> <p>If you are requesting an accommodation due to a religious observance, you must provide a letter from an appropriate religious authority attesting to the nature of the religious observance that is in conflict with the scheduled examination date.</p>		
PLEASE NOTE: ACCOMMODATIONS FOR ENGLISH AS A SECOND LANGUAGE WILL NOT BE APPROVED.		
Documentation from a healthcare professional is attached: Yes No <input type="checkbox"/> <input type="checkbox"/> Documentation from a religious authority is attached: Yes No <input type="checkbox"/> <input type="checkbox"/>		
5. Signature of Applicant		
I attest that the information contained in this document or attached to it is true and correct.		
Signature of Applicant:	Date	