CERTIPORT®

Achieve • Distinguish • Advance

Exam Accommodation Authorization Form

Individuals with physical, psychological, learning or other hidden disabilities may be eligible for special accommodations when taking exams. Accommodations may be made for candidates with a disability that impacts the testing experience. To request special accommodations, you and a qualified expert certifying your disability must complete this form. Certiport will process your request and notify you by **e-mail** of the status of your accommodation within four (4) business days.

Register with Certiport:
Candidates requesting accommodations must register with Certiport at www.certiport.com

Certiport Username: _____

Candidate Information:
Last Name: _____ First Name: _____ MI: _____

Phone: (____)_____ E-Mail Address: _____

Type of Accommodation Requested: _____

- I authorize Certiport to obtain relevant information about my disability to consider appropriate accommodations.
- I authorize Certiport to share relevant information about my disability to applicable individuals, Certiport Centers, or affiliates to provide appropriate accommodations.

_____/_____ _____/_____
Candidate Signature Date Parent Signature (if applicable) Date

To be completed by a qualified expert:
A currently valid, professionally recognized diagnosis of the candidate's disability is required.

Type of Disability: _____

How does this disability impact the testing experience?

_____

_____

I have documentation on record supporting the disability described above. It is my professional opinion that this candidate should be granted special accommodations as indicated below:

☐ Extended exam time ☐ Other (specify) _____

Name: _____Professional Title: _____

Signature: _____ Date: _____ Phone: (____)_____

- **If approved, candidates are responsible for notifying the Certiport Center of the disability accommodation when scheduling an exam.**
- Please return the completed form to: Certiport Inc., Exam Accommodations Department, 1276 South 820 East, Suite 200, American Fork, Utah 84003.
- You may also fax the completed form to: 801-492-4160

Certiport Use Only:
Date Received: _____
Status: _____
Profile Updated: ☐ Spreadsheet Updated: ☐
CSS Case #: _____ Notes: _____

*For more information about Certiport's Exam Accommodation policy of for information about Certiport's Privacy Policy, please visit: http://www.certiport.com or call **888-999-9830.***

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