COMPUTER-BASED TESTING ACCESSIBILITY / ACCOMMODATIONS REQUEST

Please read the important information about the accessibility and accommodations for the CCTPEI Registration Examination on the CCTPEI website before completing this form.
Use this form to request accessibility / accommodations for the CCTPEI Registration Examination.

Candidate's Information

Candidate's Name _____ | _____

GIVEN NAME(S), INITIAL(S)   LAST NAME

Candidate's ID# _____

Accessibility / Accommodations Details

Please identify briefly the nature of your condition, diagnosis, injury, or disability; describe its impact on you as a test-taker in a computer-based testing environment.

CONDITION DESCRIPTION

Please specify precisely the accessibility / accommodation need(s) and/or particular arrangements you will need to complete the Registration (include such details as: exact amount of additional time recommended by the qualified professional, the ergonomics of the work station, the certificate of the service animal, the proximity to the proctor for specific assistive hearing technology, etc.

ACCESSIBILITY / ACCOMMODATIONS REQUIREMENTS

Signature

I certify that the information above is correct. I am submiting this form along with the required documentation, that is no more than five years old, from a registered professional who is both qualified in diagnosing my condition and familiar with my particular case, or from my postsecondary education program where I received an accessibility accommodation.

Candidate's Signature: _____   Date: D D M M Y Y Y Y