Revised: 9/25/17 External Document: AARST-NRPP

Approved by: Dallas Jones Revision: 2



Candidate Application for Special Testing Accommodations

Please fill in all information. Your application will not be considered unless all information is completed, signed, and dated. An *email address is requested* to send up-to-date information in a timely and effective manner.

	pplicant In	formation	on –	- Complete the following:
	State:			
\	Otato.			Zip:
Phone: ()		Ext:		Fax: ()
e you accommodated before? exam(s) for accommodation.	Only selec	Yes	ms	No No No will be counted toward this application
NRPP Exam		Che	eck	the appropriate box
Radon Measurement Professional				
Radon Measurement Technician				
Radon Mitigation Professional				
Radon Mitigation Installer				
f Special Accommodation R	Requested			
osis (if applicable)				
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Please list any previous accommodations that you have been given by other institutions. Please include the date and the organization (if applicable).

Type of Accom	modation	Date(s)	Organization	
Requested Accomi	modation			
Please complete na	me and nhone	of Health Care Provider(s) wh	no will sign and approve (if related to a	
disability):	me and phone	or ricalti care i rovider(o) wi	io will sight and approve (ii related to a	
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