



## ***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.

<b>Part I. General Information</b> – Applicant Information – Complete the following:		
Your Name:		
Company:		
Address:		
City:	State:	Zip:
Phone: (    )	Ext:	Fax: (    )
Email:		

Have you taken an NRPP exam previously?    Yes     No

If yes, were you accommodated before?    Yes     No

Requested exam(s) for accommodation. Only selected exams will be counted toward this application. Subsequent exams will require reapplication.

NRPP Exam	Check the appropriate box	
<b>Radon Measurement Professional</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Radon Measurement Technician</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Radon Mitigation Professional</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Radon Mitigation Installer</b>	<input type="checkbox"/>	<input type="checkbox"/>

**Description of Special Accommodation Requested**

**Date of Diagnosis (if applicable)**

Please list any previous accommodations that you have been given by other institutions. Please include the date and the organization (if applicable).

Type of Accommodation	Date(s)	Organization

**Requested Accommodation**

Please complete name and phone of Health Care Provider(s) who will sign and approve (if related to a disability):

Health Care Provider Name	Phone

I understand that NRPP will use this information obtained to authorize and determine eligibility for a reasonable testing accommodation regarding this examination by the reason of my disability. I understand that NRPP reserves the right to make any additional inquiries regarding my request before deciding to provide the accommodations I have requested.

I certify that all information in this application and the accompanying documentation is true and correct, and I am authorized to obligate the organization to this agreement. I understand that false information may be cause for denial or revocation of certification.

**Candidate Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Please submit this completed form via mail or email using the information, below:

<b>Mail:</b>	National Radon Proficiency Program Testing Accommodations 527 N Justice Street Hendersonville, NC 28739
<b>Phone:</b>	(828) 348-0185
<b>Email:</b>	<a href="mailto:exams@nrpp.info">exams@nrpp.info</a>