



Application for Examination Accommodation

NRPP does not discriminate against individuals with disabilities and is committed to ensuring that individuals with disabilities have the opportunity to demonstrate their true aptitude.

In accordance with Title III of the [Americans with Disabilities Act](#) (ADA), NRPP provides reasonable accommodations for examinees with disabilities, defined as one or more physical or mental impairments that substantially limit a major life activity (such as seeing, hearing, learning, reading, concentrating, or thinking) or a major bodily function (such as the neurological, endocrine, or digestive system).

Testing accommodations are granted if they are reasonable and appropriate to the specific disability or medical condition and do not fundamentally alter the examination or cause an undue burden to NRPP.

To request an accommodation, please complete this application and submit it to exams@nrpp.info. The completed application must be returned to NRPP and must be accompanied by evidence to support the requested accommodation. Such evidence may include:

- Recommendation of a qualified professional (nurse, counselor, physician, psychiatrist, or other professional) who is qualified to attest to the need for the requested accommodation,
- Proof of being granted a testing accommodation for a prior high-stakes examination,
- Documentation of the need for an accommodation as provided under an IEP or Section 504 Plan,
- Results of diagnostic or other professional evaluation(s),
- A history of diagnosis

The evidence you submit must support the accommodation(s) you are requesting. If you do not have evidence in support of the need for the accommodation, please have a qualified healthcare provider complete the ***For Qualified Professional Use Only*** section on page 2.

Your application will not be considered unless all information is received. Once approved, NRPP will coordinate the accommodation with the exam delivery provider and notify you of the approval.

| Part I. General Information – Applicant Information – Complete the following: | | |
|--|--------|------|
| Your Name: | | |
| Company: | | |
| Address: | | |
| City: | State: | Zip: |
| Email: | Phone: | |

Please identify the accommodation(s) for which you are applying:

1.5 times the standard testing time -or-

2 times the standard testing time (maximum allowed time extension)

Approved assistive device (brace, hearing aid, magnifying glass, pillow, etc.)

Approved medical devices or medication (inhaler, blood sugar test, other medical supplies)

Medical Breaks: includes additional time for restroom breaks, time to leave the examination to take medications, time to leave examination to attend to dietary needs, etc.

If you were granted a testing accommodation for an exam that you took in the past, please attach evidence that the accommodation was granted.

Exam name:

Accommodation granted:

If you are requesting an accommodation based on recommendations from an IEP or Section 504 Plan, please submit the relevant documentation with this completed application.

If you are requesting an accommodation based on a diagnosis, please submit evidence of the diagnosis with this completed application.

For Applicant

I certify that I currently have a need for the testing accommodation I requested above.

I understand that NRPP will use the information I provided to determine my eligibility for a reasonable testing accommodation. I understand that NRPP reserves the right to make any additional inquiries regarding my request before authorizing the accommodation(s) I have requested.

I certify that all information in this application and the accompanying documentation is true and correct. I understand that false information is cause for disciplinary action, including denial or revocation of certification.

Applicant's Signature _____ **Date** _____

Applicant's Name: _____

For Qualified Professional Use Only

If you, the applicant, do not have evidence to support your need for a testing accommodation, please have your healthcare provider or other qualified professional complete the following information.

The applicant named above is requesting a testing accommodation as a result of a disability as defined by the Americans with Disabilities Act. Please indicate your agreement with the following by providing your signature and contact information. NRPP has the right to contact the qualified professional identified below to verify the need for the accommodation.

I confirm the applicant named above qualifies for a testing accommodation under the ADA and is considered an individual with a physical or mental impairment that substantially limits a major life activity (such as seeing, hearing, learning, reading, concentrating, or thinking) or a major bodily function (such as the neurological, endocrine, or digestive system).

I further agree that the accommodation he or she requested is acceptable for the applicant's diagnosis.

Name (typed or printed):

Title:

Date of Diagnosis (if applicable):

Email address:

Phone:

Date

Signature of qualified professional: