

ADA ACCOMMODATION REQUEST APPLICATION

APPROVE: _____

DATE: _____

OREGON STATE BOARD OF TAX PRACTITIONERS

3218 Pringle Rd SE, Ste #120 ~ Salem, OR 97302

Phone: (503) 378-4034 Fax: (503) 585-5797 E-Mail: tax.bd@state.or.us Web Site: www.oregon.gov/OBTP

The information requested below and any documentation regarding your disability and your need for special arrangements or accommodation(s) for examination will be considered strictly confidential and will not be shared without your express written permission.

1

To Be Completed By the Applicant PLEASE TYPE OR PRINT CLEARLY

"LEGAL NAME" Last:		First:	Middle:
Mailing Address:			
City:	State:	Zip Code:	County:
Residence Phone:		Business Phone:	
Fax:	*E-Mail:		

*Please provide the Board of Tax Practitioners with your current e-mail address to assure receipt of Board information.

Signature: _____ Date: _____

2

DOCUMENTATION OF DISABILITY RELATED NEEDS

To Be Completed By an Appropriate Professional (Physician, psychologist, psychiatrist, education professional)
The applicant has discussed with me the nature of the test to be administered. It is my opinion that because of the applicant's disability, he/she should be accommodated by providing the following:

Disability Type: _____

3

PLEASE CHECK ALL THAT APPLY

- Reader as accommodation for a visual impairment
- Scribe/amanuensis as accommodation for visual or motor impairment
- Reader as accommodation for learning disability
- Scribe/amanuensis as accommodation for learning disability
- Separate testing area
- Other (Please Specify): _____

EXTENDED TIME NEEDED

Current time allowed: 5 hours – Consultant and Preparer Exams; 1.5 hours – Consultant State Only Exam

Total time needed: _____

4

PLEASE PRINT

Professional Title: _____ License Number: _____

Name: _____ Phone: _____

Signature (Professional): _____ Date: _____