



Testing Accommodation Request Form

Department of Consumer and Business Services

Building Codes Division • Licensing

1535 Edgewater St. NW, Salem, Oregon

Mailing address: P.O. Box 14470, Salem, OR 97309-0404

Phone: 503-378-4133 • Web: oregon.gov/bcd

APPLICATION INSTRUCTIONS

If you have a learning disability, a psychological disability, or other hidden disability that requires an accommodation in testing, please have the section below completed by an appropriate professional (education professional, doctor, psychologist, psychiatrist) to certify that your disabling condition requires the requested test accommodation.

If you have documentation of similar accommodation for disability in another test situation, you may submit such documentation instead of this form.

Accommodations for the availability of food and drinks are at the discretion of the proctor site.
Please contact the proctor site directly to inquire about food or drink policies.

Applicant

Name: _____

Exam _____

Profession: _____

TO BE COMPLETED BY AN APPROPRIATE LICENSED PROFESSIONAL (print or type)

I have known _____ since: _____
Test applicant's name Date

in my capacity as a _____
Professional Title

The applicant has discussed with me the nature of the test to be administered. It is my professional opinion that, because of the applicant's disability, the applicant should be accommodated in the following manner:

- Extended Time** (select one):
 - Time-and-a-half
 - Double time
- Use of computer or other adaptive equipment** (select one):
 - Reader
 - Scribe
- Separate testing area**
- Large-print test**
- Other** (please specify): _____

Print name: _____

Signature: _____

Title: _____

Date: _____

Phone: _____

Professional license no.: _____