

Accommodation Request

If you have a disability and may require some accommodation in taking the examination, please complete and submit this form prior to the application deadline along with your application. The information requested below and any documentation regarding your disability and your need for accommodation in testing will be considered strictly confidential and will not be shared with any outside source without your expressed written permission.

Name: _____

Address: _____

Phone: _____ Email: _____

Accommodations requested for the: _____ CSP Examination; Location _____
Date

Type of Disability: _____

Requesting the following accommodation(s) at the following testing site: _____

Applicant Signature: _____ Date: _____

Documentation of Disability Related Needs

If you have a disability that requires accommodation in testing please have this section completed by an appropriately licensed professional to certify that you require the requested test accommodation.

If you have existing documentation demonstrating the same or similar accommodations provided to you in prior test situations you may submit such documentation in lieu of completing this portion of the form.

I have known _____ since _____
Applicant Date

The applicant has the following disability (ies): _____

Diagnosed by the following tests or studies: _____

Professional's Name: _____

Address: _____

Title: _____ Phone: _____

Date: _____ License Number: _____

Mail to:

CSP – Exam

c/o Joan Marsh-Reed, MA, CSP

1604 Button Bay Road

Vergennes, VT 05491