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