



Request for Special Examination Accommodations

If you have a disability covered by the Americans with Disabilities Act, please complete this form and the Documentation of Disability-Related Needs page so your examination accommodations can be processed efficiently. The information you provide and any documentation regarding your disability and your need for examination accommodations will be treated with strict confidentiality.

Candidate Information

Name (Last, First, Middle Initial, Former Name)

Mailing Address

City

State

Zip

Daytime Telephone Number

Special Accommodations

I request special accommodations for the CCDS, CCDS-O, or CHRI examination.

Please provide (check all that apply):

Special seating or other physical accommodation

Reader

Extended examination time (time and a half)

Distraction-free room

Other special accommodations (please specify)

Comments: _____

Signed: _____

Date: _____

Please have this section completed by an appropriate professional (e.g., education professional, physician, psychologist, psychiatrist) to ensure that our testing company is able to provide the required examination accommodations.

Professional Documentation

I have known _____ since ____ / ____ / ____ in my capacity
Examination Candidate Date

Professional Title

The candidate discussed with me the nature of the examination to be administered. It is my opinion that, because of this candidate's disability described below, they should be accommodated by providing the special arrangements listed below.

Description of Disability: _____

Signed: _____ Title: _____

Printed Name: _____

Address: _____

Telephone Number: _____

Date: _____ License # (if applicable): _____

Return completed form to:

Please upload this to your application once completed or email it to certifications@hcpro.com

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