Request for Special Examination Accommodations

Please complete/return this form and the “Documentation of Disability-Related Needs” on the next page at least six (6) weeks prior to test date, so your accommodation for testing can be processed efficiently. The information you provide 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 express written consent. If you have existing documentation of the same or similar accommodation provided for you in another test situation, you may submit such documentation instead of having the reverse side of the form completed by an appropriate professional.

Applicant Information:

Last Name         First Name       Middle Name
_____________________________________________________________________________________________
Address
_____________________________________________________________________________________________
City       State         Zip Code
_____________________________________________________________________________________________
Daytime Telephone       Fax         Email
_____________________________________________________________________________________________

Special Accommodations

I request special accommodations for the ______ / ______ administration of the NAWCO® certification examination.                                            Month      Year

Please provide (check all that applies):

_____ Accessible testing site
_____ Special seating
_____ Large print test (available for paper & pencil proctored examination only)
_____ Circle answers in test booklet (available for paper & pencil proctored examination only)
_____ Extended testing time (available for computer examination at a PSI testing center - max 2 hours)
_____ Separate testing area (table only at PSI testing center)
_____ Other special accommodations (please specify)
_____________________________________________________________________________________________
_____________________________________________________________________________________________

Comments:___________________________________________________________________________________
_____________________________________________________________________________________________

Signed: ____________________________________________________ Date: _____________________

Return this form with your examination application to:

   National Alliance of Wound Care and Ostomy®
   11817 Crestview Blvd
   Kokomo, IN 46901
   Or fax to: 1-800-352-8339
   Or email: admin@nawccb.org
Documentation of Disability-Related Needs

If you have a learning disability, a psychological disability, or other disability that requires an accommodation in testing, please have this section completed by an appropriate professional (education professional, doctor, psychologist, psychiatrist) to certify that your disabiling condition requires the requested test accommodation. If you have existing documentation of the same or similar accommodation provided for you in another test situation, you may submit such documentation instead of completing the “Professional Documentation” portion of this form.

Professional Documentation

I have known _______________________________ since _____ / _____ / _____
(Applicant)

in my capacity as _________________________________.
(Professional Title)

The applicant discussed with me the nature of the test to be administered. It is my opinion that because of this applicant’s disability described below, he/she should be accommodated by providing the special arrangements identified on the Special Examination Accommodation Form.

Comments:
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________

Signed:
___________________________________________________________Title:_____________________________

Printed Name: _____________________________________________________

Address:
_____________________________________________________________________________________________
_____________________________________________________________________________________________

Telephone Number: __________________________________ Email: ___________________________________

License # (If applicable):_____________________________ Date: ___________________________________

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