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 disabling 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: ___________________________________

Return this form with your examination application and request for special examination accommodations 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