

REQUEST FOR NON-STANDARD TEST ACCOMMODATION

2311 Wilson Blvd., Suite 410, Arlington, VA 22201 | Questions? Call 877-420.6283 | www.natex.org



This information requested below and any documentation regarding your disability and your need for accommodations in testing will be considered strictly confidential and will not be shared with any outside source without your express written permission.

Name: _____

Address: _____

Phone: (_____) _____ - _____

Accommodations requested for NATE Certification Testing:

Exam Site: _____ Date: _____

PLEASE CHECK ALL THAT APPLY:

Accessible Exam Site

Braille

Large Print

Tape

Reader (choose one)

for visual impairment

for learning disability

Scribe (choose one)

for visual impairment

for learning disability

Extended Time

Separate Testing Area

Other Accommodations (specify)

I understand that I must forward all required paperwork with this document at least 45 days prior to my exam date in order to be processed.

Signature: _____ Date: _____

NATE 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 form completed by an appropriate licensed professional (psychologist, physician, or surgeon) to certify that your disabling condition that requires the requested exam accommodation.

If you have existing documentation of having the same or similar accommodation provided to you in another test administration you may submit such documentation instead of having this form completed.