



Request for Testing Accommodations

Instructions: Individuals with disabilities covered by the Americans with Disabilities Act must complete this form and have a qualified professional complete the Documentation of Disability-Related Needs form (next page) in order for their accommodations request to be processed. This form must be completed and sent to info@doulaboard.org at least seven (7) days prior to the scheduled exam.

Applicant Information

Name	
Address	
City, State, Zip, Country	
Telephone Number	
Email Address	

Past Testing Accommodations History

Have you previously received testing accommodations during any of the following? (mark the appropriate box)	YES	NO
Certification or Licensure Examination		
Vocational Training or Higher Education		
Elementary or Secondary School		

For each "YES" response above, attach a detailed description of your accommodation history to this form. The description must include:

- The disability related to the accommodation;
- The accommodation provided;
- The organization providing the accommodation;
- The name of the examination for which the accommodation was provided; and
- The date that the examination and accommodation were provided. Also, if you took an exam multiple times, but did not receive accommodations for all administrations of the exam, please indicate

By signing below, I verify that the information provided on this form and attached documentation (if any) is complete and accurate to the best of my knowledge. I understand that I must submit this form and the Documentation of Disability-Related Needs Form at least 30 days prior to the exam in order for their accommodations request to be processed.

Candidate Signature: _____

Date: _____

Send to: info@doulaboard.org



DOCUMENTATION OF DISABILITY-RELATED NEEDS BY QUALIFIED PROVIDER

This form must be completed by a qualified professional. A qualified professional is licensed or otherwise properly credentialed and possesses expertise in the disability for which an accommodation is sought. The qualified professional is a physician or other qualified professional who has individually assessed the disability of the candidate. The qualified professional must provide the required information concerning the disability and the requested accommodation. The information and any documentation that the candidate provides regarding their disability and the need for accommodation(s) will be treated as confidential.

Qualified Professional Information

Full Name	
Business Address	
City, State, Zip, Country	
Telephone Number	
Email Address	
Professional Title (e.g., Medical Doctor, Licensed Psychologist)	
License Number and State Issuing License	
Professional Certification and Organization Issuing Certification	

Description of Disability

Nature of the Disability Related to the Accommodations Request	
Recommendation for Accommodation by Qualified Professional	
The Reason for the Requested Accommodation	
History of Diagnosis and Results of Professional Evaluations	

Requested Accommodations

The following reasonable accommodations may be granted. (Check all that you are requesting)



<input type="checkbox"/> Adjustable Font Size
<input type="checkbox"/> Extended Exam Time How much? _____
<input type="checkbox"/> Reader
<input type="checkbox"/> Sign Language Interpreter
<input type="checkbox"/> Other (please describe): _____ _____ _____

By signing below, I verify that that the information provided on this form and in the attached documentation (if any) is complete and accurate to the best of my knowledge.

Qualified Professional Signature: _____ Date: _____