



## Exam Candidate Special Accommodation Request Form

Candidates with disabilities covered by the Americans with Disabilities Act (ADA) can request special accommodations for the Certification Exam. Such accommodations include:

- Wheelchair/walker accessibility
- Large type font
- Extra time
- Separate testing area
- Special seating

FITSI will make every attempt to provide the requested accommodation. FITSI utilizes third party testing locations and may not be able to provide accommodations for all requests. Candidates may be asked to change exam locations and testing date – at their expense – in order for FITSI to meet requested accommodations. If there does not exist a location that can meet the applicants request, FITSI shall provide a full refund of all associated fees.

Candidates seeking accommodation requests must complete this form and have an appropriate licensed professional complete the Documentation of Disability Related Needs Section. FITSI must have all requests 30 days before the scheduled exam. Once FITSI has received the proper documentation, they will consider the accommodations request. Candidates will be notified within 10 business days of receipt of request as to the status of their request.

### Candidate Information:

Name: \_\_\_\_\_

FITSI ID Number: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Special Accommodations:**

I request the following accommodations in order to be able to take the FITSI certification exam.

Please check requested accommodation(s):

- Wheelchair/walker accessibility
- Large type font. Point size \_\_\_\_\_
- Extended testing time (time and a half, 4.5 hours total)
- Separate testing area
- Special seating, please describe \_\_\_\_\_
- Other special accommodations (please specify):

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Candidate Signature: \_\_\_\_\_

Request accommodations for testing on \_\_\_\_\_ (insert test date)

Approved \_\_\_\_\_ Denied \_\_\_\_\_ by \_\_\_\_\_ on \_\_\_\_\_