

Special Testing Arrangements Request

Please read the following instructions carefully. If you are an applicant who is seeking special testing arrangements due to a learning disability or any physical, mental or psychological disability, you should complete this form. In addition, YOU MUST SUBMIT SUPPORTING DOCUMENTATION from a physician or other qualified professional, or evidence of prior accommodation from a school or other institution.

PART 1: PERSONAL INFORMATION

Please include your complete name, mailing address and daytime phone number. It is important that we have a phone number so that we may contact you for additional information or to make arrangements.

PART 2: TYPE OF EXAMINATION

Please indicate the type of examination for which you are requesting special testing arrangements. **Please note:** If your license type requires both a written and practical examination, you are not required to request special testing arrangements for both.

PART 3: CLASSIFICATION OF THE REQUEST

Please indicate the nature of the disability for which you are asking for special testing arrangements. If other, please specify. In addition, please indicate if you will need wheelchair access.

PART 4: ARRANGEMENTS REQUESTED

Please indicate what arrangements/modifications you are requesting. For example: extra time, examination in a separate area, the use of specialized equipment, having a reader or an amanuensis/scribe. **This is not a complete list of special testing arrangements available.** The arrangements/modifications must be appropriate to the disability.

Please print or type. Make sure to complete all information.

PART 1: PERSONAL INFORMATION

LAST NAME	FIRST NAME	MIDDLE INITIAL
MAILING ADDRESS (NUMBER AND STREET)		EMAIL ADDRESS
CITY	STATE	ZIP + 4
DAYTIME TELEPHONE NUMBER ()		

PART 2: TYPE OF EXAMINATION

Written Examinations

<input type="checkbox"/> Notary Public	<input type="checkbox"/> Home Inspection	<input type="checkbox"/> Cosmetology
<input type="checkbox"/> Real Estate Broker	<input type="checkbox"/> Hearing Aid Dispenser	<input type="checkbox"/> Esthetics
<input type="checkbox"/> Real Estate Sales	<input type="checkbox"/> Private Investigator	<input type="checkbox"/> Nail Specialty
<input type="checkbox"/> Security and Fire Alarm Installer	<input type="checkbox"/> Watch, Guard or Patrol	<input type="checkbox"/> Natural Hair Styling
		<input type="checkbox"/> Waxing

Practical Examinations

<input type="checkbox"/> Hearing Aid Dispenser	<input type="checkbox"/> Cosmetology	<input type="checkbox"/> Nail Specialty
<input type="checkbox"/> Barber	<input type="checkbox"/> Esthetics	<input type="checkbox"/> Natural Hair Styling

PART 3: CLASSIFICATION OF REQUEST ("X" all that apply)

<input type="checkbox"/> Learning Disability	<input type="checkbox"/> Physical Disability	<input type="checkbox"/> Psychological Disability
<input type="checkbox"/> Hearing Disability	<input type="checkbox"/> Mental Disability	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Wheelchair Access		_____

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PART 4: ARRANGEMENTS REQUESTED (If requesting extra time, please indicate the percent extra; for example: 25%, 50% or 100%)
