OKLAHOMA CareerTech | CTTC CareerTech Testing Center Health and Professional Certifications Project

REQUEST FOR TESTING ACCOMMODATIONS

IMPORTANT NOTE: No special testing arrangements will be made unless the request for special arrangements is accompanied by documentation, if required, from an appropriate professional. This form must be submitted with your registration form.

1. Last Name (First 16 letters) | First Name (First 8 letters) | MI

2. Post Office Box or Street Address

City or Town | State | Zip Code

3. Telephone Number: Daytime | Evening

4. Social Security Number:

5. Date of Birth: Mo. Day Year

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5. Type of Exam to be Given: ☐ Clinical Skills Examination ☐ Written Competency Exam

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6. Test location for which you are registering: _____

7. Test for which your are registering: _____

8. The following modifications to the examination environment are available. Please check all modifications being requested and give a description of your specific needs in the space below. Attach additional pages if necessary.

- ☐ **Seating Accommodations**
- ☐ **Wheelchair Accessibility**
- ☐ **Time Accommodations** for those needing an extended examination period
- ☐ **Verbal Accommodations** such as oral test instructions or oral test administration
- ☐ **Visual Accommodations** such as large print test or written test instructions
- ☐ **Response Modifications** such as the circling of responses rather than completion of a scan sheet
- ☐ **Equipment Modifications**
- ☐ **Other modifications** List specific modifications below. Include appropriate professional documentation.

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10. I understand that accommodations, as approved by the Oklahoma Department of Career and Technology Education, may be provided. My special need is verified in writing by an appropriate professional, if required. I am submitting the written verification, if applicable, and this completed Special Examination Arrangements Form with my registration form by the regular registration deadline.

_____ _____

Signature Date