



Special Accommodations Request

2026 - TE-0226

If you have a disability covered by the Americans with Disabilities Act (ADA) please complete:

- A) Special Accommodations Request Form
- B) Documentation of Disability-Related Needs Form

to submit with your examination application. The information you provide, and any documentation regarding your disability and special accommodation, will be treated with strict confidentiality and will not be shared with any source, without your express written permission, except for the NCCT and testing vendors.

CANDIDATE INFORMATION

____ Remote Testing ____ On site Testing Requested Testing Date: _____

Name (Last, First, Middle Initial, Former Name) _____

ID Number _____ Email _____

SPECIAL ACCOMMODATIONS

Provide information of your functional impairment on other areas of your daily life (outside of test taking).

Please provide: ____ Extended Testing time ____ Distraction reduced exam space

Other special Accommodation covered by the Americans with Disabilities Act (ADA):

Note: English as a second language does not qualify under ADA.

Applicant Signature _____ Date _____

**NOTE: Test accommodation requests require at least 2 weeks prior to requested exam date to process.
Please submit form AFTER you submit your application.**

Email this form with your examination application to:

accommodations@ncctinc.com