If you have a disability covered by the Americans with Disabilities Act (ADA), please complete this form and the 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
Requested Testing Center: ___________________________ Requested Testing Date: ______________

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

Mailing Address _______________________________________________________________________

City __________________________ State ________________ Zip Code ______________

Daytime Telephone Number ______________________________________________________________

SPECIAL ACCOMMODATIONS
I request special accommodations for the ______________________ Examination.

Please provide (check all that apply):

______ Special seating or other physical accommodations
______ Reader for test directions
______ Extended testing time (time and a half)
______ Distraction reduced environment
______ Other special accommodations (Please specify.)

____________________________________________________________________________________

____________________________________________________________________________________

Applicant Signature __________________________ Date __________________

NOTE: Test accommodation requests require at least 4 weeks to process.

Submit this form with your examination application to:
NCCT, 7007 College Blvd, Suite 385, Overland Park, KS 66211

OR
email accommodations@ncctinc.com | fax 913.498.1243