



National Center for Competency Testing

7007 College Blvd., Ste. 385, Overland Park, KS 66211
Phone 800.875.4404; Fax 913.498.1243
Office Hours: M-F 7:30am - 7:00pm CST
Saturday 9:00am - 3:00pm CST

TE-0226

Special Accommodations Request

Rev: October 2016

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