Documentation of Disability-Related Needs

NCCT
National Center for Competency Testing
Phone 800.875.4404
www.ncctinc.com

Please have this section completed by an appropriate professional (education professional, physician, psychologist or psychiatrist) to ensure that the NCCT and/or testing vendor is able to provide the required accommodations.

PROFESSIONAL DOCUMENTATION

I have known _____ since _____ /_____ /_____ in my capacity as a
Examination Candidate — Date

_____.
Professional Title/Credential(s)

Please provide professionally recognized diagnosis for the particular category of the disability. Provide the specific diagnostic criteria. Provide candidate's limitation due to disability:

_____

_____

_____

It is my professional opinion that, because of the aforementioned disability, this candidate should be considered for the following test accommodation(s):

_____ Extended time (time and a half)
_____ Distraction reduced environment
_____ Other special accommodations covered by the Americans with Disabilities Act (ADA)
Note: English as a Second Language does not qualify under ADA.

_____

_____

Signed: _____ Title: _____

Printed Name: _____

Address: _____

_____

Telephone Number: _____ E-mail Address: _____

Date: _____ License # (if applicable): _____

Email this form with your examination application to:

accommodations@ncctinc.com