



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-0226.1

Documentation of Disability-Related Needs

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)

This candidate has discussed with me the nature of the certification test to be administered and has asked for special accommodations based upon his/her ADA-covered disability, described below:

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

Signed: _____ Title: _____

Printed Name: _____

Address: _____

Telephone Number: _____ E-mail Address: _____

Date: _____ License # (if applicable): _____

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