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