

# Request for BRPT Special Examination Accommodations

If you have a disability covered by a national Disabilities Program (e.g. Americans with Disabilities Act), and you wish to request accommodation for a qualified disability, please **complete this form and the Documentation of Disability-Related Needs** so your request can be processed efficiently. The information you provide and any documentation regarding your disability and your need for accommodation in testing will be treated with strict confidentiality.

## APPLICANT INFORMATION

Last Name \_\_\_\_\_

First Name \_\_\_\_\_

Middle Name/Initial \_\_\_\_\_

Address (line 1) \_\_\_\_\_

Address (line 2) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

## SPECIAL ACCOMMODATIONS

I request special accommodations (please indicate in the table below):

**Please provide (check all that apply):**

- ☐ Reader
- ☐ Extended testing time (time and a half)
- ☐ Separate testing area
- ☐ Other ADA special accommodations (please specify) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Return this form with your examination application to the BRPT Executive Office. This request will not be processed if it is not accompanied by a properly completed “Documentation of Disability-Related Needs” form. (see next page)**

Applicant's signature \_\_\_\_\_ Date \_\_\_\_\_

# Documentation of Disability-Related Needs

This section must be completed by a licensed health care provider who has been personally involved in the diagnosis or treatment of the disability for which you are requesting accommodation. **In addition to the below form, they must also include the following:**

- Formal letter on letterhead that has been signed and dated within the last month summarizing how your diagnosis/treatment is considered a disability under the ADA Act

## PROFESSIONAL DOCUMENTATION

I have known \_\_\_\_\_ *Test Applicant* since (years) \_\_\_\_\_ *Date*

In my capacity as a \_\_\_\_\_  
*Professional Title*

The applicant has discussed with me the nature of the test to be administered. It is my opinion that because of this applicant's disability described below, he/she should be accommodated by providing the special arrangements requested.

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signed: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_ License # \_\_\_\_\_  
*# (if applicable)*

**Important Notice:** Starting June 1, 2025, the BRPT will no longer allow extra test time as an accommodation under the Americans with Disabilities Act (ADA) for individuals whose first language is not English (commonly referred to as ESL, or English as a Second Language). This change is because speaking English as a second language is not considered a disability under the ADA. Instead, BRPT will follow the ESL policy used by its test provider, Pearson VUE. Under this policy, candidates who qualify for an ESL accommodation will receive an additional 30 minutes of testing time. Further details regarding eligibility for this option will become available on June 1, 2025.



### The Board of Registered Polysomnographic Technologists

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