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), for the administration of the Comprehensive Registry Examination for Polysomnographic Technicians. I understand that the BRPT may require a fee to defray the costs of these accommodations.

Please provide (check all that apply):

- ❑ Reader
- ❑ Extended testing time (time and a half)
- ❑ Separate testing area
- ❑ Other ADA special accommodations (please specify) _____

_____

_____

_____

Applicant's signature_____ Date_____

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)**

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, OR an educational or testing professional who has previously provided you with testing accommodations similar to those requested.

PROFESSIONAL DOCUMENTATION

I have known_____ since (years) _____
Test Applicant *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)

Return this form with your examination application to the BRPT Executive Office. Please call the BRPT office at **(703) 610-9020**, if you have any questions about the application or required documentation.

The Board of Registered Polysomnographic Technologists
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