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**

<table>
<thead>
<tr>
<th>Last Name</th>
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<tbody>
<tr>
<td>First Name</td>
<td>______________________________________________________________________________________</td>
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<td>Middle Name/Initial</td>
<td>______________________________________________________________________________________</td>
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<td>Address (line 1)</td>
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<tr>
<td>Address (line 2)</td>
<td>______________________________________________________________________________________</td>
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<tr>
<td>City</td>
<td>___________________________ State__________ Zip Code __________________</td>
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**SPECIAL ACCOMMODATIONS**

I request special accommodations (please indicate in the table below), for the administration of the Comprehensive Registry Examination for Polysomnographic Technologists. 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_________________
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 arrange-
ments 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
(202) 868-6747, if you have any questions about the application or required documentation.