



CCQM complies with the European and American with Disabilities Act of 1990. To ensure equal opportunities for all qualified persons, CCQM will make reasonable accommodations for candidates when appropriate. If you require special accommodations related to a disability in order to take the examination, please complete this form and return it with your examination application. The information you provide and any documentation regarding your disability and your need for accommodation will be treated with strict confidentiality.

The Application Review Committee shall notify the applicant regarding the acceptance of the request in advance of the Examination date. Appropriate arrangements and accommodations shall be made for all candidates with disabilities who file the appropriate request and include appropriate documentation, unless an accommodation changes the nature of the test. Under no conditions will an accommodation be made which changes the nature of the test.

Please type or print all information.

1. Personal Information		
Last Name:	First Name:	Middle Initial:
Phone Number	Exam Name	
Email Address <i>(if you prefer email confirmation)</i>	Exam Date	
2. Reason for Request		
<p>Please provide a detailed explanation of the reason why you are seeking an accommodation here. You should explain here how your disability substantially limits one or more of your sensory, manual, speaking or other functional skills (e.g., disability that impairs significantly your ability to arrive at, read, or otherwise complete, the examination). Attach additional pages if needed.</p>		
3. Special Accommodation Needed		
<p>Please list below the special testing accommodation you are requesting. Use a separate sheet if more space is needed.</p>		
<p>NOTE: If you are requesting an accommodation due to a health condition or a functional disability, you must provide CCQM with written documentation from an appropriate health care professional supporting the accommodation you are requesting. This documentation and signed by your physician and institution that specialize in area of your disability and include a specific diagnosis of your health condition and/or functional disability and a specific recommendation and justification for the special testing accommodation that you require. This documentation should be dated within the last two (2) years. CCQM will not pay any costs you may incur in obtaining the required diagnosis and recommendation. However, CCQM will pay for any must be issued reasonable accommodations that are provided for you.</p>		
Documentation from a healthcare professional is attached: Yes No		
4. Signature		
<p>I attest that the information contained in this document or attached to it is true and correct.</p>		
_____ Signature	_____ Date	