



Documentation of Special Examination Accommodations

If you are seeking special accommodations for taking your exam, please have this form completed by an appropriate professional to ensure NCPDP and Kryterion are able to provide the required examination accommodations. The information you provide and any documentation regarding your disability and your need for accommodation in testing will be treated with strict confidentiality. Both forms must be returned to NCPDP within 45 days of the desired testing date.

Professional Documentation:

I have known _____ since ____/____/____ in my capacity
Exam Applicant

as a _____
Professional Title

The applicant has discussed with me the nature of the examination to be administered. It is my professional opinion that because of this applicant's disability described below, he/she should be accommodated by providing the special request(s) listed below.

Description of disability: _____

Special Accommodations (check all that apply):

- Accessible Testing Site
- Reader
- Separate Testing Room
- Disability Reader for Visual Disability
- Screen Magnifier (Large Font)
- Extended Testing Time – _____ minutes (max. 90 min. ext.)
- Other special accommodations/comments (please specify)

Name _____

Company _____ **Title** _____

Phone _____ **Email** _____

License _____ **Date** _____

Return both forms with your examination application and fee to:
NCPDP | 9240 East Raintree Drive | Scottsdale, AZ 85260 | 480-477-1000 x109
If you have any questions or concerns, please contact Brian Goerlich, bgoerlich@ncpdp.org.