



Request for Special Examination Accommodations

If you have a disability covered by the Americans with Disabilities Act, please complete this form and the Documentation of Disability-Related Needs form so your accommodations for testing 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. Both forms must be returned to NCPDP within 45 days of the desired testing date.

Applicant Information:

Name _____

Company _____ Title _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

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)

Please read and sign:

I give my permission for my diagnosing professional to discuss my records and history with NCPDP and Kryterion as they relate to the requested accommodation.

Signature _____ Date _____

I Accept (By selecting the "I Accept" button, you are signing this application electronically. You agree your electronic signature is the legal equivalent of your manual signature on this application.)

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 at bgoerlich@ncpdp.org.