

## ADA Accommodation Request

If you have a disability covered by the Americans with Disabilities Act of 1990 (ADA) and would like to request an accommodation in testing, please complete Section 1 below and have an appropriate licensed professional (educator, doctor, psychologist, psychiatrist) with current knowledge of your disability complete Section 2 to certify that your disability requires the requested test accommodation.

As outlined below in Section 3, please also have this professional provide a letter detailing the specific nature of your disability as it relates to your request and the reasons for requesting the accommodation. The letter must include an original signature by the professional. If you already have documentation of the same or a similar accommodation provided to you in another testing situation, you may submit that documentation, as long as it is in compliance with the requirements in Section 3.

This form must be completed in its entirety in order for your request to be processed. Please submit this request to us at least 8 weeks before your planned test date.

### Section 1 (To be completed by Applicant)

Full Name \_\_\_\_\_ Phone \_\_\_\_\_

E-Mail \_\_\_\_\_ Exam (credential type) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Disability \_\_\_\_\_

ADA Accommodation(s) Requested \_\_\_\_\_

By signing below, I attest that the information I have provided on this application is accurate, true and correct to the best of my knowledge. I agree to and authorize the release of the information requested to NEHA for use in determining eligibility for the requested accommodation in testing. If the information provided is not sufficient to evaluate the request, I authorize NEHA to request additional information from the professional who completes the documents on my behalf.

In addition, I authorize that professional to provide additional information if necessary to evaluate the appropriateness of my requested accommodation in testing. I understand NEHA reserves the right to verify any and all information in my application, this request, or in connect with my certification. I understand and agree that failure to provide accurate, true and correct information shall constitute grounds for rejection of my application, request for this accommodation in testing, or denial or revocation of my certification.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Section 2** (To be Completed by Appropriate Professional)

I have known \_\_\_\_\_ since \_\_\_\_\_  
(full name of candidate) (date)

in my role as a \_\_\_\_\_  
(professional title)

The candidate has discussed with me the nature of the certification examination to be administered. It is my opinion that, because of this candidate's disability as detailed in the attached letter, they should be accommodated by providing the following: (check all that apply)

- Reader
- Scribe
- Extended time
  - Time-and-a-half
  - Double time
  - More than double time (please justify)
- Separate testing area
- Use of computer or other adaptive equipment (please specify) \_\_\_\_\_
- Other (please specify) \_\_\_\_\_

Name \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_

Title \_\_\_\_\_ License# & State \_\_\_\_\_

Organization \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

**Section 3** (To be completed by Appropriate Professional)

Attach a letter detailing the specific nature of the candidate's disability as it relates to the request and the reasons for requesting the accommodation. The letter must be written on your professional letterhead and must have an original signature. This letter must be dated within 5 years of this application.

**Mail all materials to:**

National Environmental Health Association  
Attention: Credentialing Department  
1400 S. Colorado Blvd., Suite 325  
Denver, CO 80222

We do not accept applications and/or requests for accommodations by fax or email.

If you have questions, call us at 303-802-2135 or e-mail [credentialing@neha.org](mailto:credentialing@neha.org).