

Request for Special Accommodation



To request a special accommodation, you must complete the Documentation of Special Accommodation identifying your Request for Accommodation, and whether it is based on request for accommodation for disability, for religious accommodation or some other qualifying general request for accommodation. The completed form will then be reviewed by ISA and a decision will be communicated.

If you have existing documentation of having the same or similar accommodation provided to you in the last 12 months by another test or training/instructional provider, you may submit such documentation along with completing sections 1 and 3 of this form. Additional information and documentation may be requested, as needed and required to consider your request for accommodation.

Accommodation will only be granted where the applicant is deemed qualified and if the testing facility and ISA is able to provide feasible accommodation that will not put undue burden on ISA or result in a fundamental alteration in the nature of the examination and/or process.

This form and information must be submitted each time a special accommodation is requested. Special Accommodation requests may take up to several weeks to process. Reasonable Accommodations must be approved prior to scheduling your exam and/or training.

If you have a request for an accommodation based on disability, religious belief, or other basis, you must fully complete sections 1, 2, and 3 of this form.

Section 1: Contact and Previous Accommodations

Candidate's full name: _____

Email address: _____

ISA program you are a candidate for: _____

Have you requested an accommodation in the past? Yes No

If yes, please list all accommodations you have been previously approved for during an examination or in a training/instructional setting and the approximate date of approval:

If this is a new accommodation request, please state and describe the reason you are requesting a special accommodation. Please provide documentation that supports your request for accommodation:

For religious accommodations only

If requesting accommodation based on religious beliefs and/or practices, identify the testing requirement, policy or practice that conflicts with your sincerely held religious observance, practice, or belief:

Also, describe the nature of your sincerely held religious beliefs or religious practices or observances that conflicts with the testing requirement, policy or practice identified above:

Section 2: Professional Information

This section must be completed and signed by an appropriate professional.

If this is a new **accommodation request based on disability or other condition requiring an accommodation**, you must have this section completed by an appropriate professional (education professional, medical doctor, psychologist, psychiatrist, or qualified professional) to certify that your disabling condition requires the requested accommodation.

For religious accommodations only

If this is a new **accommodation request based on religious beliefs and/or practices**, you must have this section completed by a clergy person or other appropriate qualified professional to certify and confirm religious practices and beliefs that requires the requested accommodation.

The professional must submit a formal letter indicating what the request is, how the request should be accommodated for the applicant's disability, and the professional's contact information.

I have known _____ since _____
applicant date

in my capacity as a _____
professional title

The applicant has discussed with me the nature of the test and/or training to be administered. It is my professional opinion for the reasons included in the attached formal letter that this applicant should be accommodated by providing the following:

___ Reader (exam is read to candidate) ___ Separate testing area ___ Additional time

___ Other (please specify): _____

Name: _____ Signature: _____

Date: _____ License # (if applicable): _____

Section 3: Individual Accommodation Request

This section must be completed and signed by the candidate.

I request the following reasonable accommodations:

___ Reader (exam is read to candidate) ___ Separate testing area ___ Additional time

___ Other (please specify): _____

Candidate signature: : _____ Date: _____

Completed forms should be submitted to certops@isa-arbor.com with the words "Request for Special Accommodation" in the subject line. All pertinent documentation should be submitted in the same email as PDF files. Requests will be reviewed in the order they are received, review timelines may vary depending on documentation provided by the candidate.

