

## SPECIAL ACCOMMODATIONS REQUEST FORM

**The North American Board of Certified Energy Practitioners, Inc. (NABCEP) complies with the Americans with Disabilities Act of 1990. To ensure equal opportunities for all qualified persons, NABCEP will make reasonable accommodations for candidates when possible. 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 or accommodation will be treated with strict confidentiality. Review of requests for accommodations can take 3-4 weeks or more and should be submitted as far in advanced as possible.**

**For which NABCEP Examination below are you requesting accommodation?**

- |  |   |
|--|---|
| <input type="radio"/> PV Installation Professional (PVIP)    | <input type="radio"/> PV Associate (PVA)            |
| <input type="radio"/> Solar Heating Installer (SHI)          | <input type="radio"/> Solar Heating Associate (SHA) |
| <input type="radio"/> PV Technical Sales Professional (PVTs) | <input type="radio"/> Small Wind Associate (SWA)    |

1. Personal Information		
Name: Last	First	Middle Initial
Phone Number:	Anticipated Exam Date:	
Email Address:	Anticipated Exam Site:	
2. Reason for Request		
<i>I am requesting an exam accommodation due to:</i> a disability <input type="checkbox"/> a religious observance <input type="checkbox"/> other <input type="checkbox"/>		
Please provide a detailed explanation of the reason(s) why you are seeking accommodation(s). For example, if you are seeking accommodation due to a disability, you should explain how it substantially limits one or more of your sensory, manual, speaking or other functional skills (e.g., disability that significantly impairs your ability to read, concentrate, or otherwise complete the examination). Attach additional pages if need.		
3. Special Accommodation Needed		
Please select the accommodation(s) you are requesting		
<input type="checkbox"/> Time and a half	<input type="checkbox"/> Additional _____ minutes	<input type="checkbox"/> Assistance completing answer sheet
<input type="checkbox"/> Reader	<input type="checkbox"/> Magnified print	<input type="checkbox"/> Separate Room

<input type="checkbox"/> Extra or extended breaks (without additional exam time)	<input type="checkbox"/> Sign language interpreter or printed copies of verbal instructions	<input type="checkbox"/> Paper and pencil version of computerized exam*
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Other: (please specify)

#### 4. Accommodation History

Have you ever received special accommodations: Yes  No   
 If you have ever received special accommodation please provide the following information

Year of accommodation	Type of accommodation	Name of institution/organization that provided accommodation

#### 5. Documentation of Need for Accommodation

If you are requesting an accommodation due to a health condition or a functional disability, you must provide NABCEP with written documentation from an appropriate health care professional supporting the accommodation you are requesting. This documentation must include a specific diagnosis of your health condition and/or functional disability, results from all assessments that were used to determine the diagnosis, and a specific recommendation for the special testing accommodation(s) that you require. In most cases, this documentation cannot be dated later than three years previous. NABCEP will not pay any cost you may incur in obtaining the required diagnosis and recommendation; however, NABCEP will pay for any reasonable accommodations that are provided for you.

If you are requesting an accommodation due to a religious observance, you must provide a letter from an appropriate religious authority attesting to the nature of the religious observance that is in conflict with the scheduled examination date.

Documentation from a healthcare professional is attached: Yes  No   
 Documentation from a religious authority is attached: Yes  No

#### 5. Signature

I attest that the information contained in this document or attached to it is true and correct.

Signature	Date
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