

Special Accommodations Request

Candidates who wish to request special accommodations for ADA should print and return this form completed to events@naceweb.org. Certain documentation must also be provided with the completed form. Requests must be approved by NACE prior to scheduling module assessment.

Note: Only candidates who require special examination accommodations should use this form.

Name _____ Date _____
Address _____
City _____ State _____ Zip _____
Phone _____ Email _____
Description of Disability _____

CHECK APPROPRIATE ACCOMMODATION

- | | | | |
|--|---------------------------------------|--|---------------------------------|
| <input type="checkbox"/> Large-print | <input type="checkbox"/> Written exam | <input type="checkbox"/> Additional time | <input type="checkbox"/> Reader |
| <input type="checkbox"/> Other equipment or accommodation (please explain) | | | |

