

DOCUMENTATION OF DISABILITY-RELATED NEEDS BY QUALIFIED PROFESSIONAL

This section must be completed by a licensed health care provider or an educational or testing professional to ensure that PES is able to provide the required test accommodations.

The nature of the disability, identification of the test(s) used to confirm the diagnosis, a description of past accommodations made for the disability and the specific testing accommodations requested must be included.

PROFESSIONAL DOCUMENTATION

I have known _____ since _____
(Name of Applicant) (Date)

in my capacity as a(n) _____
(Professional Title)

The applicant discussed with me the nature of the test to be administered. It is my opinion that, because of this applicant's disability described below, he or she should be accommodated by providing the special arrangements listed on the **Special Testing Accommodation Request** form.

Comments: _____

Signature: _____

Title: _____ Date: _____

License #: _____
(if applicable)

If applying online, please mail or fax this completed form (along with a copy of your summary page) to PES within five business days of application to avoid a resubmission fee. If using the scannable application, please mail this completed form with your application.

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