

SPECIAL TESTING ACCOMMODATION REQUEST FORM

Candidates with disabilities covered by the Americans with Disabilities Act (or the Canadian/Australian equivalent) should complete this form and have an appropriate licensed professional complete the **Documentation of Disability-Related Needs** form so their requests for accommodations can be processed efficiently. The information provided and any documentation regarding the disability and the need for accommodation in testing will be treated with strict confidentiality.

APPLICANT INFORMATION

Social Security # (Optional): _____

Last Name: _____ First Name: _____ Middle Name: _____

Address: _____

City: _____ State: _____ ZIP/Country Code: _____ Country: _____

Home Telephone Number: _____ HRCI ID # : _____

Testing Window: _____

SPECIAL TESTING ACCOMMODATIONS

Please check the exam for which you are applying.

- Professional in Human Resources (PHR)
- Senior Professional in Human Resources (SPHR)
- Global Professional in Human Resources (GPHR)

Check all that apply:

- Accommodation
- Wheelchair access
 - Special seating
 - Reader
 - Recorder
 - Extended testing time (time and a half)
 - Separate testing area
 - Other special accommodations (please specify)

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.

Mail or fax form to: PES
475 Riverside Drive, 6th floor
HRCI Testing Office (470)
New York, NY 10115 U.S.A.
(212) 367-4318 (fax)