



Special Testing Accommodations Form

Candidates requiring special testing accommodations should complete this form. A special accommodation request must be made by the candidate at the time of application. The information provided and any documentation regarding the disability and the need for accommodation in testing will be treated with strict confidentiality.

Please follow these steps before submitting this form:

- If this form is submitted after an exam appointment has been made, the current appointment has to be cancelled at least three (3) business days prior to the scheduled exam appointment date to avoid forfeiting all fees.
- You must have an appropriate licensed professional or an educational/testing professional complete the documentation of disability-related needs section so that your request for accommodations can be processed efficiently.

Applicant Information

Candidate's Name

Primary Email Address

Address

City

State/Province

Postal Code

Country

Name of Exam

Exam Date

Special Testing Accommodations

Please select the exam for which you are applying:

Associate Professional in Human Resources® (aPHR®)

Senior Professional in Human Resources® (SPHR®)

Professional in Human Resources® (PHR®)

Global Professional in Human Resources® (GPHR®)

Professional in Human Resources-California® (PHRca®)

Documentation of Disability-Related Needs to be Provided by a Qualified Professional

This section must be completed by a licensed health care provider or an educational or testing professional to ensure that we are able to provide the required test accommodation(s).

Professional Documentation

I have known _____ since _____
Name of Applicant MM/YY

In my capacity as a(n): _____
Professional Title

Based on your professional assessment, please provide the nature of the disability, identification of the test(s) used to confirm the diagnosis, a description of past accommodation(s) made for the disability, and the specific testing accommodation(s) requested for this exam.

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 above, he or she should be accommodated by providing the following special arrangement(s):

Check all that apply:

- | | |
|--|---|
| <input type="checkbox"/> Wheelchair access | <input type="checkbox"/> Separate testing area |
| <input type="checkbox"/> Reader | <input type="checkbox"/> Zoom text font size |
| <input type="checkbox"/> Recorder | <input type="checkbox"/> Jaws software |
| <input type="checkbox"/> Extended testing time | <input type="checkbox"/> Other special accommodation (please specify) |

Professional's Signature _____ Date _____

Professional's Printed Name _____ Professional's Title _____ License Number (if applicable) _____

Submit to HRCI by:

Email: certdirector@hrci.org OR Mail: HRCI
Special Accommodation Request
1725 Duke Street
Suite 400
Alexandria, VA 22314 USA

hrci.org