



## Special Testing Accommodation Request Form

Candidates with special testing accommodation needs 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

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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.

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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.) |

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Professional's Signature

Date

Professional's Printed Name

Professional's Title

License Number (if applicable)

Submit to HRCI by:

Email: [certdirector@hrci.org](mailto:certdirector@hrci.org)

OR

Mail: HR Certification Institute  
Special Accommodation Request  
1725 Duke Street, Suite 700  
Alexandria, VA 22314  
USA