



**TEST ACCOMMODATIONS REQUEST FORM**

**SECTION I: Candidate Information**

Name:	OEBC ID (if available):
Anticipated Exam Date:	Registration Deadline:

**SECTION II: Accommodations Requested**

Describe each accommodation you are requesting and provide a specific rationale for each accommodation you are requesting. This rationale must be specific and complete. We will not be able to review your request if the rationale is not complete. *Naming the diagnosis is not required nor is it a rationale.* Your responses to the questions below will be used to address two issues related to your application. First, the information you provide will assist OEBC in making a fair determination as to your circumstances and your request for an exam accommodation. Second, the information will assist OEBC in understanding the nature of the accommodation you are seeking and its relationship to the resources OEBC has at its disposal.

Accommodation Requested:
Rationale:

Accommodation Requested:
Rationale:

Date: \_\_\_\_\_ Signature: \_\_\_\_\_



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Accommodation Requested:

Rationale:

Date: \_\_\_\_\_

Signature: \_\_\_\_\_