

AMERICAN BOARD OF CRIMINALISTICS
APPLICATION FOR TESTING ACCOMMODATIONS

Name: _____

Preferred mailing address: _____

Daytime Phone number: _____

E-mail address: _____

Exam offering you are requesting accommodations for: _____

DISABILITY DESCRIPTION AND HISTORY

Please check all that apply. Supporting medical documentation from a licensed medical professional MUST be provided for EACH one checked. This documentation may be no more than two (2) years old.

- | | | |
|---|--|---|
| <input type="checkbox"/> Vision Disability | <input type="checkbox"/> Physical Disability | <input type="checkbox"/> Learning Disability |
| <input type="checkbox"/> Hearing Disability | <input type="checkbox"/> ADD/ADHD | <input type="checkbox"/> (reading or writing) |

Year of first diagnosis: _____ Medical Professional providing diagnosis: _____

Year of reassessment: _____ Medical Professional providing reassessment: _____

TESTING ACCOMMODATIONS REQUESTED

- Assistive device provided by examinee; describe specifically:
(i.e. magnifying glass, brace, heating pad, etc.) _____
- Reader for visually impaired candidates (May require separate room as well)
- Necessary medical breaks (May NOT be requested along with additional testing time).
- Additional testing time: time and one half
 Double time
MAXIMUM ALLOWABLE TIME LIMIT
- Other (must describe specifically): _____

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PAST ACCOMMODATIONS HISTORY

Please describe ALL accommodations you received prior to requesting accommodations for the ABC examination. Provide name(s) of college(s) or any other school(s) attended and time frame(s) when the accommodations were granted. Enclose proof of accommodations letters from the college(s), SATs, GREs or other organization that specifies the particular accommodations received.

The information I have provided in support of my request for testing accommodations is true and correct. Any false or misleading statements made herein will result in denial of my request.

I understand that all of the necessary documentation that supports my request for testing accommodations is considered integral to the overall ABC application process. I acknowledge that my application for testing accommodations will be denied if I do not provide ALL the required documentation with my Request for ABC Examination Seat (09-0310F), the Application for Testing Accommodations (09-0201F), the Testing Accommodations Authorization and Release form (09-0202F), the Documentation of Disability or Medical Condition form (09-0203F), if applicable, and my sitting fee within sixty (60) days of the examination's administration date.

Print name: _____
Signature: _____
Date: _____