

Appendix B: Special Accommodations Request Form

Request for Special Testing Accommodations

NSCA complies with the Americans with Disabilities Act. To ensure equal opportunities for all qualified candidates, NSCA will make reasonable testing accommodations when appropriate. Candidates with a documented disability that significantly impairs his or her ability to arrive at, read, or otherwise complete an NSCA certification exam, may request special accommodations. Requests for special accommodations must be made at the time of registration. Candidates must submit this completed form by mail:

NSCA
Attn: Certification
1885 Bob Johnson Drive
Colorado Springs, CO 80906

NOTE: Candidates with approved testing accommodations must call Pearson VUE at (800) 466-0450 to schedule an exam appointment. Candidates who schedule appointments through any other means (e.g. online, via a different number) will not have their accommodations available at the appointment.

Certification Candidate Information

Candidate's Name (First Middle Initial Last): _____

NSCA Customer ID: _____

Home Address: _____

City: _____ ST: _____ ZIP: _____

Telephone Number: _____

Email Address: _____

Qualified Professional Providing Diagnosis

Professional's Name (First Middle Initial Last): _____

Business Address: _____

City: _____ ST: _____ ZIP: _____

Telephone Number: _____

Email Address: _____

Professional Title (e.g., Medical Doctor, Licensed Psychologist): _____

License Number, and State Issuing License: _____

Description of Disability

Disability Related to the Accommodation Request: _____

Date of Most Recent Professional Diagnosis: _____

Description of Disability's impact on Candidate's ability to take an NSCA certification exam:

Requested Accommodation(s)

Please indicate all accommodations that you are requesting.

- 1.5 x Exam Time
- 2.0 x Exam Time
- Separate Room
- Reader
- Recorder
- Enlarged Font
- Other (please describe): _____

Signature of Qualified Professional

By signing below, I verify that the information provided on this form is complete and accurate to the best of my knowledge.

Signature of Qualified Professional: _____

Date: _____

Signature of Candidate

By signing below, I verify that the information provided on this form is complete and accurate to the best of my knowledge. I authorize the release and disclosure of diagnostic information by healthcare providers, or other professionals having such information, for the purpose of allowing NSCA to make a determination regarding my request for a special testing accommodation. I understand that NSCA will employ reasonable methods to help ensure that the information provided to NSCA regarding my disability and request for accommodation is treated as confidential.

Signature of Candidate: _____

Date: _____