



CPPS Test Accommodation Request Form

To request test accommodation for a disability covered by the Americans with Disabilities Act as amended in 2008:

1. Read the **Documentation Guidelines** carefully.
Share them with the professional who will be preparing your documentation.
2. Complete this form in full. Read and sign the Authorization (Section F) below.
3. Attach documentation of your disability and your need for accommodation.
 - Be sure your documentation includes the information listed in the *Documentation Guidelines*.
 - Include supporting documentation (i.e., school records, records of prior testing accommodations, medical records lab reports, etc.) as necessary to support your request.
 - **NOTE: INCOMPLETE DOCUMENTATION WILL DELAY PROCESSING OF YOUR REQUEST.**
4. Be sure that:
 - All information you submit is typed or printed. Material from evaluators must be on official letterhead.
 - All documents must be in English. You are responsible for providing certified English translations of foreign-language documentation.
 - You include documentation of your functional impairment in activities **beyond test-taking**.
5. Send your completed BGC Test Accommodation Request Form and supporting documentation WITH YOUR APPLICATION FOR THE CERTIFICATION EXAM BY THE NORMAL APPLICATION DEADLINE (January 15 / July 15) to: examinationdirector@GoBGC.org (preferred) or via surface mail:

BOARD FOR GLOBAL EHS CREDENTIALING
6005 West St. Joseph, Suite 300
Lansing, MI 48917
Fax: (517) 321-4624

Section A. Biographical Information

First Name	Middle Initial	Last/Surname
Address		
City	State	ZIP/Postal Code
Telephone	Email	

Section B. Nature of Disability

Indicate the nature of your disability, the year it was first professionally diagnosed, and the date of your most recent evaluation. (Select all that apply):

Disability

Vision	Physical
ADHD	Learning
Psychological	Hearing
Other (please specify to the right)	

First diagnosed

Most recent evaluation

Section C. Previous Accommodations

Have you previously received test accommodations? Yes No

If yes, provide name of examination, test date, and accommodations received:

Have you previously received educational accommodations? Yes No

If yes, provide name of school, applicable dates, and accommodations received:

Have you previously received workplace accommodations? Yes No

If yes, provide name of employer, applicable dates, and accommodations received:

Section D. Requested Accommodations

Select all that apply:

Additional Time	Sign language interpreter (for spoken directions and candidate questions only)
Reader or screen reader software	Separate test room
Trackball mouse	Enlarged font
Other equipment or accommodation (explain below)	

Section E. Personal Statement

Please describe how your disability impacts your daily life.

Section F. Authorization

By signing below, I attest that the information I have provided on this request form is accurate, true, and correct to the best of my knowledge. I agree to and authorize the release of this information to BGC for use in determining eligibility for the requested accommodation in testing. I understand that BGC reserves the right to verify any and all information in my application. Therefore, I understand and agree that my failure to provide accurate, true, and correct information shall constitute grounds for rejection of my request for this accommodation in testing.

Signature:

Date:

Your request will be reviewed upon approval to sit for the BGC examination and receipt of all relevant materials as described above. You will receive a decision by written notification from BGC. For reasons of confidentiality, information regarding the granting or denial of test accommodations will not be released by telephone.

If you have any questions, please contact the Examination Director, Ron Drafta, at examinationdirector@GoBGC.org