

## SPECIAL ACCOMMODATION REQUEST FORM

CANDIDATE DETAILS					
FULL NAME:					
SPECIALTY:	<table style="width: 100%; border: none;"> <tr> <td style="width: 60%; border: none;"></td> <td style="width: 10%; border: none; text-align: center;">EXAM YEAR:</td> <td style="width: 30%; border: none;"></td> </tr> </table>		EXAM YEAR:		
	EXAM YEAR:				
REQUEST FOR ACCOMMODATION					
<p>ACCOMMODATION(S) REQUESTED:</p> <p><u>Instructions:</u> 1. List the accommodation(s) that you are requesting.</p> <p>2. Attach additional pages for extra space, IF required.</p>					
<p>REASON(S) FOR ACCOMMODATION:</p>	<table style="width: 100%; border: none;"> <tr> <td style="width: 33%;"><input type="checkbox"/> Medical condition</td> <td style="width: 33%;"><input type="checkbox"/> Disability</td> </tr> <tr> <td><input type="checkbox"/> Religious</td> <td><input type="checkbox"/> Other: _____</td> </tr> </table>	<input type="checkbox"/> Medical condition	<input type="checkbox"/> Disability	<input type="checkbox"/> Religious	<input type="checkbox"/> Other: _____
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<input type="checkbox"/> Religious	<input type="checkbox"/> Other: _____				
<p>SUPPORTING DOCUMENTATION:</p> <p><u>Instructions:</u> 1. List supporting documentation enclosed as part of your request. Enclosures must support reason(s) for accommodation above.</p>					

I hereby certify to the best of my information, knowledge and belief that all information provided in this form, as well as any attachments is accurate.

\_\_\_\_\_  
CANDIDATE SIGNATURE

\_\_\_\_\_  
DATE

