National Registry of Food Safety Professionals

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FOOD HANDLER EXAM ACCOMMODATION DOCUMENTATION FORM

If you have a learning disability, a psychological disability, or other disability that requires an accommodation for the exam, please have this form completed by an appropriate **licensed professional** (psychologist, physician or surgeon) to certify that your disabling condition requires the requested exam accommodation.

The information requested below and any documentation regarding your disability and your need for accommodations for the exam will be considered strictly confidential and will not be shared with any outside source without your express written permission.

Please type or print

REQUIRED FIELD
Must be filled out by a licensed professional

Candidate Name:	Professional Name:
Driver's License No:	License No.:
Address:	Title:
City:	Phone:
St: Zip Code:	Date:
Phone:	**Signature:**

REQUIRED FIELD: MUST BE FILLED OUT BY LICENSED PROFESSIONAL

☐ Accessible Exam Site	☐ Large Print	**limited English – licensed professional not required
☐ Reader	☐ Sign Language Interpreter	
☐ for visual impairment	☐ for learning disability	☐ **limited English proficient
☐ Scribe		
☐ for visual impairment	☐ for learning disability	
☐ Separate testing area		
☐ Other Accommodations (specify) _____		

Accommodations requested for the Food Safety First Principles for Food Handler Examination

Exam Site _____ Exam Date _____

I understand that I must forward all required paperwork with this document at least 30 days prior to my exam date in order to be processed.

Candidate Signature: _____ Date: _____

Return completed form to National Registry of Food Safety Professionals

Fax: 407-226-3500 **Email:** ExamSecurity@nrfsp.com **Mail:** 6751 Forum Dr, Ste 220, Orlando, FL 32821