

National Registry of Food Safety Professionals

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Approved By: Larry Lynch
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Contact Person: Liz Corchado Torres
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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.

REQUIRED FIELD

Must be filled out by a licensed professional

Please type or print

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

MUST SELECT ONE: REQUEST ACCOMODATION FOR WHICH TYPE OF EXAM:

<input type="checkbox"/> Paper and Pencil	<input type="checkbox"/> Diversys Proctored Computer Based Exam	<input type="checkbox"/> Pearson VUE Computer Based Testing Center
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REQUIRED FIELD: MUST BE FILLED OUT BY LICENSED PROFESSIONAL

<input type="checkbox"/> Accessible Exam Site	<input type="checkbox"/> Large Print	<input type="checkbox"/> **limited English – licensed professional not required	
<input type="checkbox"/> Reader	<input type="checkbox"/> for visual impairment	<input type="checkbox"/> for learning disability	<input type="checkbox"/> **limited English proficient
<input type="checkbox"/> Scribe	<input type="checkbox"/> for visual impairment	<input type="checkbox"/> for learning disability	
<input type="checkbox"/> Extended time (please specify)	<input type="checkbox"/> Time and half (3 hrs)	<input type="checkbox"/> Double time (4 hrs)	<input type="checkbox"/> Other (specify ___ hrs ___ mins)
<input type="checkbox"/> Separate testing area			
<input type="checkbox"/> Other Accommodations (specify)	_____		

Accommodations requested for the Food Safety Manager Certification 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.

Examinee Signature: _____ Date: _____

Please see the Examinee Information Bulletin for complete instructions. Return completed form to National Registry of Food Safety Professionals

Fax: 407-352-3603, Email: compliance@nrfsp.com, mail: 6751 Forum Drive, Suite 220, Orlando, FL 32821