National Registry of Food Safety Professionals

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Please type or print

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Approved By: Mark Conley/Kate Piche Issue Date 2011-04-11 Contact Person: Tiffany Vowell Revision: 2018-08-10



ACCOMMODATION DOCUMENTATION FORM

This document MUST be submitted at least 30 days prior to the exam date in order to be processed.

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 <u>licensed professional</u> (psychologist, physician or surgeon) to certify that your disabling condition requires the requested exam accommodation.

REQUIRED FIELD

Must be filled out by a licensed professional

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.

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:			
Paper and Pencil	Diversys Proctored Computer Based Exam		Pearson VUE Computer Based Testing Center
REQUIRED FIELD: MUST BE FILLED OUT BY LICENSED PROFESSIONAL			
Accessible Exam Site	Large Print	**limited English	 licensed professional not required
Reader for visual impairment for learning disability **limited English proficient			
Scribe for visual impairment for learning disability			
Extended time (please specify) Time and half (3 hrs) Double time (4 hrs) Other (specifyhrsmins)			
Separate testing area			
Other Accommodations (specify)			
Accommodations requested for the Food Safety Manager Certification Examination			
Exam SiteExam Date			
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: examsecurity@nrfsp.com, mail: 6751 Forum Drive, Suite 220, Orlando, FL 32821			