EXAM ACCOMMODATION REQUEST FORM
Accommodations requested for the Food Safety Manager Certification Examination

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 clearly

<table>
<thead>
<tr>
<th>Please type or print clearly</th>
<th>*REQUIRED FIELD: MUST BE FILLED OUT BY LICENSED PROFESSIONAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Examinee Name:</td>
<td>Professional Name:</td>
</tr>
<tr>
<td>Email:</td>
<td>License No.:</td>
</tr>
<tr>
<td>Address:</td>
<td>Title:</td>
</tr>
<tr>
<td>City:</td>
<td>Phone:</td>
</tr>
<tr>
<td>St:</td>
<td>Date:</td>
</tr>
<tr>
<td>Phone:</td>
<td>Professional’s Signature:</td>
</tr>
</tbody>
</table>

*REQUIRED FIELD: MUST SELECT ONE WHICH TYPE OF EXAM:

- □ Paper and Pencil
- □ Diversys Exam (in person Proctor)
- □ Pearson VUE Testing Center
- □ ProctorU (Online Proctoring)

*REQUIRED FIELD: MUST SELECT REQUESTED ACCOMMODATIONS

- □ Accessible Exam Site
- □ Large Print
- □ Reader  □ for visual impairment □ for learning/reading disability
- □ Scribe  □ for visual impairment □ for learning/reading disability
- □ Extended time (please specify)  □ Time and half (3 hrs) □ Double time (4 hrs) □ Other (specify ___hrs ___mins)
- □ Separate testing area
- □ Other Accommodations (specify)

Exam Administrator Name:  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