

National Registry of Food Safety Professionals

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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.

***REQUIRED FIELD:**

MUST BE FILLED OUT BY LICENSED PROFESSIONAL

Please type or print clearly

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

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

<input type="checkbox"/> Paper and Pencil	<input type="checkbox"/> Diversys Exam (in person Proctor)	<input type="checkbox"/> Pearson VUE Testing Center	<input type="checkbox"/> ProctorU (Online Proctoring)
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***REQUIRED FIELD: MUST SELECT REQUESTED ACCOMMODATIONS**

<input type="checkbox"/> Accessible Exam Site	<input type="checkbox"/> Large Print	
<input type="checkbox"/> Reader	<input type="checkbox"/> for visual impairment <input type="checkbox"/> for learning/reading disability	
<input type="checkbox"/> Scribe	<input type="checkbox"/> for visual impairment <input type="checkbox"/> for learning/reading 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)	_____	

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

Fax: 407-226-2500

Email: examsecurity@nrfsp.com

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