

# National Registry of Food Safety Professionals

6751 Forum Dr.; Ste 220  
Tel: 800-446-0257  
ExamSecurity@nrfsp.com

Orlando, FL 32821  
Fax: 407-226-3500  
www.nrfsp.com

Approved By: Mark Conley  
Contact Person: Tiffany Vowell  
Revision: 07-1-2025



## EXAM ACCOMMODATION REQUEST FORM

### Accommodations requested for the Food Safety Manager Certification Examination

If you have a learning disability, a psychological disability, or other medical disability that requires an accommodation for the exam, you must provide appropriate **supporting documentation** to confirm 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: Please type or print clearly:

Examinee Name: \_\_\_\_\_

Examinee Email Address: \_\_\_\_\_

Examinee Phone: \_\_\_\_\_ Examinee Date of Birth: \_\_\_\_\_

Exam Proctor Name (If known): \_\_\_\_\_ Exam Date: \_\_\_\_\_

#### \*REQUIRED FIELD: (MUST SELECT ONE) WHICH TYPE OF EXAM:

Paper and Pencil

Diversys Exam (in-person Proctor) **\*\*Examinee MUST create profile on Diversys website and purchase exam\*\***

Pearson VUE Testing Center **\*\*Examinee MUST complete the Pearson VUE Exam Accommodation Request Form instead of this form\*\***

Proctor U (Online-Remote Proctoring) **\*\*Examinee MUST create profile on Proctor U website\*\***

#### \*REQUIRED FIELD: (CHECK ALL THAT APPLY)

**Reader** (signed Agreement Form for Readers and Translators **MUST** be attached)

**Scribe** (signed Agreement Form for Readers and Translators **MUST** be attached)

**Sign Language Interpreter** (signed Agreement Form for Readers and Translators **MUST** be attached)

**Extra Time** (specify time needed):

Time and a Half (3 Hours)

Double Time (4 Hours)

**Separate room/alternate exam location**

**Large Print Exam** (available in Paper and Pencil English only)

**Other** (specify): \_\_\_\_\_

#### \*REQUIRED DOCUMENTATION: (DOCUMENTATION MUST MEET FOLLOWING GUIDELINES BELOW:)

Be current (within 3 years if possible)

State a specific diagnosis

Include a detailed description of current functional limitations

Written by a professional qualified for evaluating the disability

Include examinees name, date of birth, and date of diagnosis or date of last evaluation

Proof of previous accommodation

**\*\* Forward all required paperwork with this document at least 30 days prior to the exam date in order to be processed.**

**Please see the Examinee Handbook for complete instructions. Return completed form to Exam Security ([ExamSecurity@nrfsp.com](mailto:ExamSecurity@nrfsp.com))**

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## Reader Guidelines

**As the Reader, Scribe, or Sign Language Interpreter for the National Registry Exam, you attest to the following:**

- You are at least 18 years of age.**
- You have no personal relationship with the examinee.**
- You will not be eligible to take the Certified Food Safety Manager Exam for one calendar year after serving as a Reader, Scribe or Sign Language Interpreter.**
- You will not provide cues to the examinee(s) or answer questions during the administration of the exam.**
- You will administer the exam in a separate room, free from distractions.**
- You have read and signed the *Reader Nondisclosure & Confidentiality Agreement***
- You will maintain the security of the examination(s) before, during, and after the exam administration**

## Reader Nondisclosure and Confidentiality Agreement

This Reader Nondisclosure and Confidentiality Agreement (hereafter "Agreement") is made on this date, as listed below, by the Reader and between the National Registry of Food Safety Professionals (National Registry).

This Agreement shall affirm that the Reader understands the responsibilities of a Reader, Scribe, or Sign Language Interpreter, are critical to the Food Safety Manager Certification Examination (Exam) Program. The content reviewed is considered privileged and strictly confidential information. All information, documents, and examination materials will be considered proprietary and confidential information and will be held in the strictest confidentiality and by all participants who will be held liable for any breach of this Agreement.

The Reader hereby agrees that I shall not disclose or provide to any person or entity, directly or indirectly, any information or documents pertaining to the preparation, testing, and/or grading services for the Exam. Reader agrees they will not examine any examination materials, unseal and/or seal examination booklets, or divulge any examination content with examinees before, during, or after the Exam except for the purpose of reading the examination questions.

It is understood that all documents, examination questions, or confidential information received from National Registry are and shall remain the exclusive property of National Registry, and that all documents or information shall be returned promptly to National Registry. Reader agrees to assist Test Administrator/Proctor as assigned by remaining in the examination room at all times during the Exam unless otherwise directed by Test Administrator/Proctor, by not allowing examinees to behave in an inappropriate manner, including talking, and ensuring examinee(s) are delivered an Exam administered in a fair test environment.

Reader understands that failure to follow the standards set forth by National Registry, or the procedures provided by the Test Administrator/Proctor, their privilege as a Reader will be revoked.

**\*REQUIRED FIELD: Please type or print clearly:**

Reader/Scribe/Sign Language Interpreter Name: \_\_\_\_\_

Reader/Scribe/Sign Language Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**Please see the Examinee Handbook for complete instructions. Return completed form to Exam Security ([ExamSecurity@nrfsp.com](mailto:ExamSecurity@nrfsp.com))**