

# National Registry of Food Safety Professionals

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Revision: 07-1-2025



## PEARSON VUE EXAM ACCOMMODATION REQUEST FORM

**Accommodations requested for the Food Safety Manager Certification Examination (FSMCE) and International Certified Food Safety Manager Certification Examination (ICFSM) through Pearson VUE Testing Centers ONLY.**

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. All fields below required:**

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

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

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

Pearson VUE Student Profile EHT ID: \_\_\_\_\_

### *Exam Accommodations – for medical disabilities ONLY*

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

Reader

Scribe

Sign Language Interpreter

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): \_\_\_\_\_

### *Limited English Proficiency Accommodations ONLY*

**\*REQUIRED FIELD:**

Foreign Language Translator (specify language needed): \_\_\_\_\_

Bilingual Dictionary (specify language needed): \_\_\_\_\_

**\*REQUIRED DOCUMENTATION: (DOCUMENTATION FOR MEDICAL DISABILITY 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 potential exam date in order to be processed. Do not schedule an exam with Pearson VUE until AFTER Accommodation Approval Letter has been given with scheduling instructions.**

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

**Fax:** 407-226-2500

**Email:** ExamSecurity@nrfsp.com

**Mail:** 6751 Forum Drive, Suite 220, Orlando, FL 32821