



Request for Special Accommodations

If you have a condition covered by the Americans with Disabilities Act, **please complete this form and have your health care professional complete the Documentation of Disability-Related Needs form. You will upload both forms as part of the online application.** The information you provide and any documentation regarding your condition and your need for accommodation in testing will be treated with strict confidentiality.

Candidate Information

Candidate ID # _____ Requested Test Center: _____

Name (Last, First, Middle Initial, Former Name)

Mailing Address

City State Zip Code

Daytime Telephone Number Email Address

Special Accommodations

I request special accommodations for the Certification Examination for Diabetes Care and Education Specialists.

Please provide (check all that apply):

- Reader
- Extended testing time (time and a half)
- Reduced distraction environment
- Please specify below if other special accommodations are needed.

Comments: _____

PLEASE READ AND SIGN:

I give my permission for my diagnosing professional to discuss with CBDCE/PSI staff my records and history as they relate to the requested accommodation.

Signature: _____ Date: _____

Complete form prior to applying for the CDCES exam. Applicants requiring special accommodation will upload completed form as part of their online exam application.

To upload: Login into the CBDCE portal > Certification > Choose your application type.

You'll upload this document, as well as the Documentation Document under the "Accommodation(s) Details" Section step of the application.



Documentation of Disability-Related Needs

Please have this section completed by an appropriate healthcare professional (education professional, physician, psychologist, psychiatrist).

Professional Documentation

I have known _____ since ____ / ____ / ____ in my capacity
Candidate Name Date

as a _____
My Professional Title

The candidate discussed with me the nature of the test to be administered. It is my opinion that, because of this candidate's disability described below, he/she should be accommodated by providing the special arrangements listed on the Request for Special Accommodations.

Description of Disability: _____

Signed: _____ Title: _____

Printed Name: _____

Address: _____

Telephone Number: _____ Email Address: _____

Date: _____ License # (if applicable): _____

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**Questions?
Email: info@cbdce.org
Phone: 1-847-228-9795**