



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): _____

Have your healthcare professional complete this form prior to applying for the CDCES exam. Applicants requesting special accommodation will upload completed form(s) as part of their CDCES exam application.

To upload: Login into the CBDCE portal > Certification > Choose your application type. You'll upload this document, as well as the Request Document under the "Accommodation(s) Details" Section step of the application.

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