



# 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.**