



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

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**