



111 K Street NE, 10<sup>th</sup> Floor | Washington, DC 20002  
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## Documentation of Disability-Related Needs by Qualified Provider Form

This form must be completed by a qualified professional and returned by the certification applicant at least 30 calendar days prior to the exam. A qualified professional is licensed or otherwise properly credentialed and possesses expertise in the disability for which an accommodation is sought. The qualified professional must provide the required information concerning the disability and the requested accommodation. The information and any documentation that the candidate provides regarding their disability and the need for accommodation(s) will be treated as confidential.

### Certification Applicant Information

Name	
Address	
City, State/Territory, Zip, Country	
Telephone Number	
Email Address	

### Qualified Professional Information

Full Name	
Business Address	
City, State/Territory, Zip, Country	
Telephone Number	
Email Address	
Professional Title (e.g., Medical Doctor, Licensed Psychologist)	
License Number and State/Territory Issuing License	
Professional Certification and Organization Issuing Certification	

**Description of Disability**

Nature of the Disability Related to the Accommodations Request	
Recommendation for Accommodation by Qualified Professional	
Reason for the Requested Accommodation	
History of Diagnosis and Results of Professional Evaluations	

The applicant discussed with me the nature of the tests being administered. It is my opinion that because of this applicant's disability described above, they should be provided the accommodations listed below.

**Requested Accommodations (Check all that you are requesting.)**

<input type="checkbox"/> Colored Screen Overlays
<input type="checkbox"/> Earplugs
<input type="checkbox"/> Extended Exam Time                      How much? _____
<input type="checkbox"/> Frequent/Extended Breaks
<input type="checkbox"/> Other (please describe):          

*By signing below, I verify that the information provided on this form and in the attached documentation (if any) is complete and accurate to the best of my knowledge.*

Qualified Professional Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Certification applicant must submit this completed "Documentation of Disability-Related Needs" form into their certification application in Prolydian at least 30 calendar days prior to the exam for which the accommodation request to be processed.**