



REQUEST FOR TESTING ACCOMMODATIONS

Applicant information

LEGAL LAST NAME	LEGAL FIRST NAME	LEGAL MIDDLE NAME
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Components requiring accommodation (check all that apply)

- Acupuncture Points
- Modalities
- Safety and Jurisprudence Examination

Specific accommodations requested (additional time, private room)

Documentation Submitted (check all that apply)

- Completed Request for Testing Accommodations form
- Current documentation by a licensed health professional related to special needs
- Other (please specify) _____

Applicant Signature: _____ **Date:** _____ MM/DD/YYYY

For Office Use Only

Decision: _____

Registrar Signature: _____

Date of notification of the decision to candidate: _____

Comments:
