



SPECIAL ACCOMMODATION REQUEST FORM

All PSI examination centers are equipped to provide access in accordance with the Americans with Disabilities Act (ADA) of 1990. Applicants with disabilities or those who would otherwise have difficulty taking the examination may request special examination arrangements.

Candidates who wish to request special arrangements because of a disability should fax this form and supporting documentation to PSI at (702) 932-2666.

Requirements for special arrangement requests

You are required to submit documentation from the medical authority or learning institution that rendered a diagnosis. Verification must be submitted to PSI on the letterhead stationery of the authority or specialist and include the following:

- Description of the disability and limitations related to testing
- Recommended accommodation/modification
- Name, title and telephone number of the medical authority or specialist
- Original signature of the medical authority or specialist

Date: _____

Candidate ID#: _____

Legal Name: _____

Last Name	First Name
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Address: _____

Street	City, State, Zip Code
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Telephone: (_____) _____ - _____ (_____) _____ - _____

Home	Work
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Email Address: _____

Check any special arrangements you require (requests must concur with documentation submitted):

- | | |
|---|--|
| <input type="checkbox"/> Reader (as accommodation for visual impairment or learning disability) | <input type="checkbox"/> Extended time
(Additional time requested: _____) |
| <input type="checkbox"/> Large-print written examination | <input type="checkbox"/> Other _____
_____ |

- Complete and fax this form, along with supporting documentation, to (702) 932-2666.
- After 4 business days, please call (800) 367-1565, ext 6750 and leave a voice message.
- PSI Special Accommodations will call you back to schedule the examination within 48 hours.

DO NOT SCHEDULE YOUR EXAMINATION UNTIL THIS DOCUMENTATION HAS BEEN RECEIVED AND PROCESSED BY PSI SPECIAL ACCOMMODATIONS.