

# Test Accommodation Request Form



- In accordance with disabilities covered under the Americans with Disabilities Act (ADA), the Radiology Administration Certification Commission (RACC) will provide reasonable accommodations to exam applicants.
- Please complete the exam accommodation request form and providing the supporting documents as described in the form. Additional documentation may be requested by the RACC after submission of these forms and documents have been reviewed.
- **Please do not send original documents.** Incomplete submissions will delay the authorization to test.
- Candidate Confidentiality: This form and subsequent documents will not be disclosed to the testing vendor or any other individuals, including employers and supervisors of the test candidate. Result reports will not indicate the use of testing accommodations.
- Please contact the CRA Program team with additional questions (cra@ahra.org; 978-443-7591).

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## TO BE COMPLETED BY THE CANDIDATE:

The first and last name on this form must match your unexpired, government-issued ID.

Name: \_\_\_\_\_  
Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Home Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

## TO BE COMPLETED BY A LICENSED PHYSICIAN, PSYCHIATRIST, OR CLINICAL PSYCHOLOGIST:

*(Professional evaluation, less than three yrs. old, must be made by a licensed individual who is qualified to diagnose the specific illness or disability.)*

Exam Accommodations Requested (check all that apply and specify below):

Extended Testing Time       Seating or Other Physical Accommodation       Reader  
 Other Special Accommodations

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Specific Diagnosis(es): \_\_\_\_\_

Date of Initial Diagnosis: \_\_\_\_\_ Date of Most Recent Evaluation: \_\_\_\_\_

Addition

Comments: \_\_\_\_\_

Professional's Name: \_\_\_\_\_ Credentials: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_