



15835 Park Ten Blvd. Houston, TX 77084-4906 Telephone: 281-228-6223 ampp[www.ampp.org](http://www.ampp.org)

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## EXAM CANDIDATE REQUEST FOR TEST ACCOMMODATIONS

Candidates requesting accommodations for computer-based exams or the initial exams provided in conjunction with a course registration should submit a request through their My Certification Portal when completing their exam application/authorization. Candidates who do not need to or have already taken the computer-based exam and are requesting special accommodations for a practical (hands-on) exam should complete the form below and submit the completed form, along with documentation, to: [Exam\\_Authorization@ampp.org](mailto:Exam_Authorization@ampp.org)

### I. COURSE INFORMATION

Course location (city and state): \_\_\_\_\_

Course code (ex: 42414001) and dates: \_\_\_\_\_

### II. CANDIDATE INFORMATION

NACE Contact/Member ID (if known): \_\_\_\_\_

Candidate's Full Name: \_\_\_\_\_  
First Middle Last Suffix

Address: \_\_\_\_\_  
Street Number and Name City State Postal Code

Country: \_\_\_\_\_

### III. ADA ACCOMMODATION HISTORY

Have you previously requested ADA accommodations through AMPP/NACE? Yes/No

If yes, were your accommodations granted? Yes/No

If yes, please list all test dates: \_\_\_\_\_

### IV. DISABILITY INFORMATION\*

Please describe the nature of your disability or disabilities:

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Month and year when each disability was first diagnosed: \_\_\_\_\_

(\*please attach or include medical verification documentation with the application)

Describe your current functional limitations and how those limitations will affect your ability to take the AMPP/NACE exam.

Describe all treatment, medication, devices, auxiliary aids, or strategies you ordinarily use to ameliorate the function impact of your disability or disabilities and the effectiveness thereof, or list "none".

## **V. SPECIFIC ACCOMMODATION REQUEST**

What specific accommodations are you requesting?

Will these accommodations be needed for all portions of the exam (i.e. written, practical, or lab where applicable)? \_

## **VI. ATTESTATION**

The information I have provided in support of my request for test accommodations is true and complete. I understand that if AMPP, NACE International or the NACE International Institute determines that I, or a third party on my behalf, submitted as part of this request any information or documentation that is false, inaccurate, or intentionally misleading, AMPP, NACE International or the NACE International Institute reserves the right to revoke any Certification that is associated with this accommodation request.

I understand that the completed application and doctor verification paperwork (dated no more than 3 years from the course start date or exam date, in the case of a stand-alone exam) verifying my disability/disabilities must be received by AMPP no less than 60 days prior to the course start date to allow for proper verification/accommodation preparedness.

**Candidate Signature:** \_\_\_\_\_

**Date Signed:** \_\_\_\_\_

## VII. RESOLUTION OF REASONABLE ACCOMMODATION REQUEST

Your request has been: ☐ Granted in Full  
☐ Granted Partially\*

\*Explanation of partial approval: \_\_\_\_\_

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Your request has been: ☐ Denied in Full  
☐ Denied Partially\*

\*Explanation of partial denial: \_\_\_\_\_

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Your request has been denied for the following reasons:

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AMPP Office Use:

Received Date:

Reviewed By:

Approved/Denied By:

Date of Approval/Denial:

Notes:

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