Request for BRPT Special Examination Accommodations

If you have a disability covered by a national Disabilities Program (e.g. Americans with Disabilities Act), and you wish to request accommodation for a qualified disability, please **complete this form and the Documentation of Disability-Related Needs** so your request can be processed efficiently. The information you provide and any documentation regarding your disability and your need for accommodation in testing will be treated with strict confidentiality.

APPLICANT INFORMATION

Last Name _____

First Name _____

Middle Name/Initial _____

Address (line 1) _____

Address (line 2) _____

City_____ State_____ Zip Code _____

SPECIAL ACCOMMODATIONS

I request special accommodations (please indicate in the table below):

Please provide (check all that apply):

❏ Reader

❏ Extended testing time (time and a half)

❏ Separate testing area

❏ Other ADA special accommodations (please specify) _____

_____

_____

_____

Applicant's signature_____ Date_____

Return this form with your examination application to the BRPT Executive Office. This request will not be processed if it is not accompanied by a properly completed "Documentation of Disability-Related Needs" form. **(see next page)**

Documentation of Disability-Related Needs

This section must be completed by a licensed health care provider who has been personally involved in the diagnosis or treatment of the disability for which you are requesting accommodation. **In addition to the below form, they must also include the following:**

- Formal letter on letterhead that has been signed and dated within the last month summarizing how your diagnosis/treatment is considered a disability under the ADA Act

PROFESSIONAL DOCUMENTATION

I have known _____ *Test Applicant* _____ since (years) _____ *Date* _____

In my capacity as a _____
Professional Title

The applicant has discussed with me the nature of the test to be administered. It is my opinion that because of this applicant's disability described below, he/she should be accommodated by providing the special arrangements requested.

Comments: _____

_____

_____

Signed: _____

Title: _____

Date: _____ License # _____
 # (if applicable)

The Board of Registered Polysomnographic Technologists
4201 Wilson Blvd, 3rd Floor • Arlington, VA 22203
P: (800) 935-8115 F: (703) 940-7227
Email: info@brpt.org • Website: www.brpt.org