



Certification Accommodation Request Form

IPC Certification Exam Accommodation Policy

In accordance with the Americans with Disabilities Act (ADA) IPC will ensure that no individual is deprived of the opportunity to take the certification examination solely by reason of a disability as defined by the ADA. Reasonable accommodations for testing shall be provided at no cost to candidates with diagnosed and documented special medical needs.

In order to request special accommodations for a certification exam, a candidate must submit a Certification Exam Accommodations Form **six** weeks prior to the date of the exam.

IPC will only consider accommodations that does not affect examination integrity, fundamentally alter the nature of the IPC certification exam, and does not prevent IPC from accurately measuring a candidate's aptitude, knowledge, and skill.

Exam Candidate Contact Information

First name:	Last name:
Primary telephone:	Primary Email:

Accommodation Request

Certification Exam: CIS CIT CSE CEPM Other

Certification Exam Date: Proctor Name:

Briefly Describe the Disability:

Accommodation Requested: 1.5XTime 2.0 X Time Physical Accommodation
 Other (Please describe below) Separate Room

Other Accommodation Requested:

Supporting Documentation

For individuals with a disability:

In addition to the Certification Exam Accommodations Form, please have the appropriate medical professional submit a letter detailing the nature of the medical disability and the reasons for requesting the accommodations.

Documentation submitted with the Certification Exam Accommodations Form must be written on the professional's letterhead and must have an original signature. The date of this letter may not exceed 3 years prior to the date of the request. Accommodations will not be granted without the supporting documentation.

IPC is unable to accept the following forms of supporting documentation for consideration:

- Handwritten letters from licensed professionals
- Handwritten patient records or notes from patient charts
- Diagnoses on prescription pads
- Self-evaluations found on the internet or in any print publication
- Research articles
- Original evaluation documents; please submit legible copies of the original documents

NOTE: The exam candidate must submit the applicable records listed in this section

Name & Signature

I hereby affirm that all the information provided above is complete, true, and correct. Further, I hereby consent to the release and disclosure, by the professional who has verified my disability and need for accommodation, of my Personal Health Information to IPC for the purpose of allowing IPC to make a determination regarding my request for a testing accommodation. I understand that IPC will employ reasonable commercial methods to help ensure that my Personal Health Information provided to IPC is treated as confidential.

Name:

Signature:

Date:

NOTE: Please email this form and all supporting documentation to Accommodations@ipc.org.