# Vestibular Audiology Specialty Certification Application

## FORM 5a: Request For Test Accommodations

If you have a disability covered by the Americans with Disabilities Act (ADA), please complete this form and *Form 5b: Documentation of Disability-Related Needs* so your accommodations for testing 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.

Print Name: _____
Mailing Address: _____
City: _____ State: _____ Zip Code: _____
Daytime Telephone Number: _____
Email: _____

**Special Accommodations**
I request special test accommodations for the _____ /_____ administration of the VASC Exam.
**MONTH** **YEAR**

Please provide (check all that apply):
_____ Reader
_____ Extended examination time (time and a half or double time)
_____ Frequent breaks
_____ Access to auxiliary items (food, medication, or medical devices)
_____ Other test accommodations (please specify)
_____
_____

Comments: _____
_____

**Signed:** _____ **Date:** _____

American Board of Audiology™
VESTIBULAR AUDIOLOGY SPECIALTY CERTIFICATION

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## FORM 5b: Documentation of Disability-Related Needs

**Please have the appropriate professional (doctor, psychologist, psychiatrist) complete this form to document the need for the requested test accommodation(s).**

**Professional Documentation**

I have known _____

**EXAM CANDIDATE (PRINT NAME)**

in my capacity as a _____

**PROFESSIONAL TITLE**

since _____ /_____ /_____

**MONTH DATE YEAR**

The applicant 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 test accommodations listed on the *Form 5a*.

Description of Disability: _____
_____
_____
_____

Signed: _____
Title: _____
Print Name: _____
Address: _____
_____
Telephone Number: _____ Date: _____
License # (if applicable): _____

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