



## Reasonable Accommodation Request Form

All examination centers are equipped to provide access in accordance with the Americans with Disabilities Act (ADA) of 1990. Applicants may request reasonable accommodations (meaning a modification to examination environment or process, etc.) based upon a disability (a physical or mental impairment, whether short-term or chronic).

Candidates who wish to request accommodations because of a disability should complete this form and submit supporting documentation.

### Requirements for accommodation requests:

You are required to submit a signed (with original signature) statement on letterhead from a medical authority or learning institution that corroborates your disability. It is recommended that this letter include a description of the disability, description of limitations related to testing, and a suggested accommodation or modification that will allow you to participate in the examination process.

Date (MM/DD/YYYY)	Social Security #
Legal Name (last, first, middle initial)	
Address street, city, state, zip code	
Home telephone: ( ____ ) _____ - _____	Work telephone: ( ____ ) _____ - _____
Email Address	
<b>Cite the accommodation/s you require:</b>	
Please sign indicating that you understand that you must provide written documentation to support your request for accommodation(s).	
Signature	Date (MM/DD/YYYY)

**ESL (English is Your Second Language):** Please note that a language barrier is not considered a disability. In order to meet the license requirements, applicants must be able to read and write in English pursuant as per Section 28-401.6 of the NYC Administrative Code.

➤ Complete and email this form, along with supporting documentation, to [nycdob@cpshr.us](mailto:nycdob@cpshr.us).

**DO NOT SCHEDULE YOUR WRITTEN EXAMINATION UNTIL THIS DOCUMENTATION HAS BEEN RECEIVED AND PROCESSED.**