

REQUEST FOR EXAMINATION ACCOMMODATIONS

If you have a disability covered by the Americans with Disabilities Act, please complete this form and the Documentation of Disability-Related Needs, so your request for 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. Please return this form to AMIA via email to certification@amia.org within 15 days after you submit your application for certification.

APPLICANT INFORMATION

↓Name (Last or Family Name, First or Given Name, Middle Initial)

↓Mailing Address

↓

↓City State/Province

↓Zip Code/Postal Code

↓Country

↓Daytime Telephone Number with country code

↓Email Address

SPECIAL ACCOMMODATIONS

I request the following special accommodations for the AHIC® examination: (check all that apply)

- Reader
 Extended examination time (time and a half)
 Extended examination time (double time)
 Reduced distraction environment
 Large print examination (paper and pencil exam administrations only)
 Circle answers in examination booklet (paper and pencil exam administration only)
 Other special accommodations (please specify:)

Comments: _____

PLEASE READ AND SIGN:

I give my permission for my diagnosing professional to discuss with AMIA staff, certification contractors, and test delivery partners my records and history as they relate to the requested accommodation(s).

Signature: _____ Date: _____

Return this form to the AMIA Certification Department via email to certification@amia.org

If you have questions, please email us at certification@amia.org

DOCUMENTATION OF DISABILITY-RELATED NEEDS

Please have this section completed by an appropriate professional (education professional, physician, psychologist, or psychiatrist) to ensure that AMIA is able to process the request for examination accommodations.

PROFESSIONAL DOCUMENTATION

I have known (applicant name) _____ since ____ / ____ / ____ in my capacity as a (professional title) _____.

The applicant discussed with me the nature of the examination to be administered. It is my opinion that, because of this applicant's disability described below, the applicant should be accommodated by providing the special arrangements listed on the reverse side.

Description of Disability:

Recommended Accommodations:

Signed: _____ Title: _____

Printed Name: _____

Address:

Telephone Number: _____

Date: _____ License # (if applicable): _____

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