

Special Accommodations Request Form

Request for Special Testing Accommodations

NSCA complies with the Americans with Disabilities Act. To ensure equal opportunities for all qualified candidates, NSCA will make reasonable testing accommodations when appropriate. Candidates with a documented disability that significantly impairs his or her ability to arrive at, read, or otherwise complete an NSCA certification exam, may request special accommodations.

All approved testing accommodations must maintain the security of the examination. Accommodations that fundamentally alter the nature or security of the exam will not be granted.

Requests for special accommodations must be made at the time of registration by uploading documentation during the application process.

NOTE: Candidates with **approved** testing accommodations must call Pearson VUE at (800) 466-0450 and request to speak with an Accommodations Coordinator to schedule an exam appointment. Candidates who schedule appointments through any other means (e.g. online, via a different number) will not have their accommodations available at the appointment.

Certification Candidate Information

Candidate's Name (First Middle Initial Last): _____

NSCA Customer ID: _____

Home Address: _____

City: _____ ST: _____ ZIP: _____

Telephone Number: _____

Email Address: _____

Please provide written documentation supporting the accommodation you are requesting. The documentation must meet the following criteria:

- Documented on official letterhead from a licensed or certified health professional, appropriate for diagnosing and treating the specific disability
- Include a recommendation for the specific accommodation with current and detailed documentation supporting the request
- Provide evidence that similar accommodations have been made for the applicant in other educational, testing, employment settings. If accommodations were not previously provided, describe why they were not provided but are required now.

Signature of Candidate

By signing below, I verify that the information provided on this form is complete and accurate to the best of my knowledge. I authorize the release and disclosure of diagnostic information by healthcare providers, or other professionals having such information, for the purpose of allowing NSCA to make a determination regarding my request for a special testing accommodation. I understand that the NSCA will employ reasonable methods to help ensure that the information provided regarding my disability and request for accommodations will be treated as confidential.

Signature of Candidate: _____

Date: _____