

ADA Accommodation Request Form

CANDIDATE INFORMATION

Full Legal Name: _____
First Middle Last

Address: _____ City: _____ State: _____ Zip: _____

Phone: (_____) _____ – _____ Email: _____

Profession and Exam Name: _____

Testing Method: In-person Remote/Online

REASONABLE ACCOMMODATION REQUEST

Describe the condition for which you are requesting accommodation:

Describe the specific accommodation(s) you are requesting (e.g., extended time, separate room, assistive technology):

Have you previously received accommodations for similar exams or educational settings?

Yes No If yes, please explain:

SUPPORTING DOCUMENTATION

Attach documentation from a licensed or certified professional qualified to evaluate the disability. The documentation must:

- Be current (generally within the last 3–5 years, unless the condition is permanent).
- Include a specific diagnosis.
- Describe the functional limitations relevant to meeting examination or licensing requirements.
- Provide a rationale for each recommended accommodation.

Professional's Name _____ Date of Evaluation: _____

Credentials: (license number, other credentials) _____

ATTESTATION

By signing below, I attest that the information provided on this form, along with all supporting documentation, is true and accurate to the best of my knowledge. I understand that the Division may request additional documentation to support my request.

I authorize the Division to contact my evaluating professional if clarification is needed.

I authorize all persons, organizations, governmental agencies, or any others not specifically listed, which are set forth directly or by reference in this application, to release to the Department of Commerce, State of Utah, any files, records, or information of any type, in support of this Accommodation Request.

PRIVACY NOTICE

The information you provide will be used solely to evaluate your request for testing/supervision accommodations to meet a state licensing requirement. Incomplete submissions may delay or prevent processing.

Your information will be kept confidential and shared only with authorized personnel involved in reviewing and administering accommodations. Records are retained according to Utah state law: <https://dopl.utah.gov/records>.

We may use aggregated, de-identified data for reporting and policy purposes. No personally identifiable information will be shared publicly or with national databases.

Your signature below acknowledges receipt of Privacy Notice information.

ACKNOWLEDGEMENT:

I declare under criminal penalty under the law of Utah that this information is true and correct.

Candidate Signature: _____ Date: _____