

**Certification of Biorisk Management Professionals**

**Request for Special Examination Accommodation Form**

The information provided and any documentation regarding the candidate’s need for accommodation in testing will be considered strictly confidential.

Name:

Address:

Telephone:

Fax:

Email:

Please specify special accommodations needed:

My signature below indicates that I request special examination accommodations. If such a request is related to a disability, I give my permission for my diagnosing professional to discuss with CB staff my records and history as they relate to the requested accommodation.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Printed Name**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date**

**Certification of Biorisk Management Professionals**

**Documentation of Disability-Related Needs**

Please have this section completed by an appropriate professional to certify that the candidate’s disabling condition requires the requested test accommodation. The information provided and any documentation regarding the candidate’s disability and need for accommodation in testing will be considered strictly confidential.

I have known (*Candidates name):* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

since (*Date):* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

in my capacity as a (*Professional Title*) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name:

Address:

Telephone:

Fax:

Email:

My signature below indicates that in my opinion, because of this applicant’s disability described below, he/she should be accommodated by providing the special arrangements listed below.

Description of Disability:

Special Accommodations Required:

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature Date**