

ICE-CCP Accommodations Request Form

Please type or print.

1. Name: _____
2. Date: _____
3. Gender: Male__ Female__ Non-binary__
4. Date of Birth: _____
5. Address: _____
6. Phone Number: _____
7. E-mail address: _____

8. Nature of Disability (Check all that apply):

Hearing Disability _____

Psychiatric Disability _____

Learning Disability _____

Physical Disability _____

Visual Disability _____

Other _____

9. In order to document your need for accommodation(s) as completely as possible, please attach a personal statement describing your disability and its impact on your daily life and your functioning. In addition to this Request Form, you must submit supporting documentation from a qualified medical professional certifying to your disability or qualifying medical condition, with specific identification of the requested accommodation and the medical basis for the request, as set forth in I.C.E.'s *Policies and Procedures for Examination Accommodations* available at www.credentialingexcellence.org/ICE-CCPRegistration. I.C.E. will acknowledge receipt of your request and reserves the right to request additional documentation.

Submission of incomplete information will slow the processing of your request.

10. How long ago was your disability first professionally diagnosed?

less than 1 year__ 1-2 years__ 2-4 years__ 5 or more years__

11. What accommodation(s) are you requesting for the ICE-CCP exam?

Please list: _____

12. Have you been approved for prior classroom or test accommodation(s)?

No__

Yes__

List all prior classroom or test accommodations, the educational institution or testing organization granting them, if for an examination, the name(s) of the examination, the nature of the accommodation(s), and the applicable dates.



Institute for
Credentialing Excellence

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13. Authorization:

I hereby authorize the evaluation and validation of my request for accommodation in accordance with the policies and procedures of the Institute for Credentialing Excellence in connection with my application to take the ICE-CCP exam. I authorize any individual, institution, or organization who may have information they deem relevant to this request to provide such information to I.C.E., and I authorize I.C.E. to verify any information I have submitted in this request and the authenticity of any supporting documentation I provide in connection with this request. I hereby waive any claim for damages, or otherwise, that I may have against any individual, institution, or organization that supplies information with respect to my request, and I.C.E., its officers, directors, members, employees, and agents by reason of any act of omission or commission that they, or any of them, may take in good faith in connection with this request.

Name: _____

Signature: _____

Date: _____



Certification of Prior Test Accommodations

To be completed by an official from an educational institution or testing organization responsible for student disability services.

Please type or print.

Applicant Name: _____

I, _____, hold the position of _____ at the following educational institution or testing organization: _____.

I certify that this institution/organization officially approved and provided the following test accommodations for the above applicant.

- Date Granted (Month/Year): _____
Accommodation(s) provided: _____
- Reason for provision of accommodation(s): _____

Signature: _____

Date: _____

Telephone Number: _____

Email Address: _____