

STATE OF MAINE  
DEPARTMENT OF PROFESSIONAL & FINANCIAL REGULATION  
OFFICE OF PROFESSIONAL & OCCUPATIONAL REGULATION  
**BOARD OF CERTIFICATION FOR GEOLOGISTS AND SOIL SCIENTISTS**  
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AUGUSTA, ME 04333  
TEL: (207)624-8672 FAX: (207)624-8636  
Maine Relay 711 (TTY)

## ACCOMMODATION REQUEST FORM

### Applicant Information (please print)

Name			
Mailing Address			
City	State	Zip Code	
Social Security #		Telephone #	

Accommodations Requested for the \_\_\_\_\_ Examination.  
(Check All that Apply)

- ACCESSIBLE TESTING SITE
  - SEPARATE TESTING AREA
  - BRAILLE
  - LARGE PRINT
  - TAPE
  - READER AS ACCOMMODATION FOR VISUAL IMPAIRMENT
  - SCRIBE/AMANEUNSI AS ACCOMMODATION FOR VISUAL OR MOTOR IMPAIRMENT
  - READER AS ACCOMMODATION FOR LEARNING DISABILITY
  - SCRIBE/AMANEUNSI AS ACCOMMODATION FOR LEARNING DISABILITY
  - SIGN LANGUAGE INTERPRETER
  - EXTENDED TIME
  - TIME AND A HALF
  - DOUBLE TIME
  - MORE THAN DOUBLE TIME (SPECIFY): \_\_\_\_\_
  - USE OF COMPUTER OR OTHER ADAPTIVE EQUIPMENT (SPECIFY): \_\_\_\_\_
  - OTHER: \_\_\_\_\_
- COMMENTS: \_\_\_\_\_
- \_\_\_\_\_

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

SOME ACCOMMODATION REQUESTS MAY REQUIRE ADDITIONAL DOCUMENTATION

## DOCUMENTATION OF DISABILITY RELATED NEEDS

If you have a learning disability, a psychological disability, or other hidden disability that requires an accommodation in testing, please have this section completed by an appropriate professional (education professional, doctor, psychologist, psychiatrist) to certify that your disabling condition requires the requested test accommodation.

IF YOU HAVE EXISTING DOCUMENTATION OF HAVING THE SAME OR SIMILAR ACCOMMODATION PROVIDED TO YOU IN ANOTHER TEST SITUATION, YOU MAY SUBMIT SUCH DOCUMENTATION INSTEAD OF HAVING THIS PORTION OF THE FORM COMPLETED.

I have known \_\_\_\_\_ since \_\_\_\_\_ in my capacity as a  
(test applicant) (date)

Professional Title: \_\_\_\_\_

The applicant has discussed with me the nature of the test to be administered. It is my opinion that because of this applicant's disability, he/she should be accommodated by providing the following: (check all that apply)

- TAPED TEST
- LARGE PRINT TEST
- READER
- SCRIBE/AMANEUNSI
- EXTENDED TIME
- TIME AND A HALF
- DOUBLE TIME
- MORE THAN DOUBLE TIME (PLEASE JUSTIFY)
- SEPARATE TESTING AREA
- USE OF COMPUTER OR OTHER ADAPTIVE EQUIPMENT (PLEASE SPECIFY): \_\_\_\_\_

OTHER (PLEASE SPECIFY): \_\_\_\_\_

SIGNED: \_\_\_\_\_ TITLE: \_\_\_\_\_

DATE: \_\_\_\_\_ LICENSE # (if applicable): \_\_\_\_\_