



STATE OF MAINE  
DEPARTMENT OF PROFESSIONAL  
AND FINANCIAL REGULATION  
BOARD OF COUNSELING PROFESSIONALS LICENSURE  
35 STATE HOUSE STATION  
AUGUSTA, MAINE 04333-0035  
TEL:(207)624-8623 – FAX:(207)624-8637

**Americans with Disabilities Act (ADA)**  
**Request for Reasonable Accommodation**

The information requested below and any documentation regarding your disability and your need for accommodation in testing will be considered strictly confidential and will not be shared with any outside source without your written permission.

Accommodations Requested for the \_\_\_\_\_ Examination.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Disability: \_\_\_\_\_

**Please check all that apply**

- ☐ Accessible Testing Site
- ☐ Separate Testing Site
- ☐ Braille
- ☐ Large Print
- ☐ Tape
- ☐ Reader as Accommodation for Visual Impairment
- ☐ Scribe/ Amanuensis as Accommodation for Visual or Motor Impairment
- ☐ Reader as Accommodation for Learning Disability
- ☐ Scribe/ Amanuensis 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: \_\_\_\_\_

Signed and dated: \_\_\_\_\_

**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  
(Test applicant) (Date)  
my capacity as a \_\_\_\_\_.  
(Professional Title)

This applicant has discussed with me the nature of the test to be administered. It is my opinion that because of this applicant's disability, providing the following should accommodate him/her:  
(check all that apply):

- ☐ Accessible Testing Site
- ☐ Separate Testing Site
- ☐ Braille
- ☐ Large Print
- ☐ Tape
- ☐ Reader as Accommodation for Visual Impairment
- ☐ Scribe/Amanuensis as Accommodation for Visual or Motor Impairment
- ☐ Reader as Accommodation for Learning Disability
- ☐ Scribe/Amanuensis as Accommodation for Learning
- ☐ 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: \_\_\_\_\_

Signed: \_\_\_\_\_ Title: \_\_\_\_\_

Date: \_\_\_\_\_ License # (if applicable): \_\_\_\_\_