



STATE OF MAINE  
 DEPARTMENT OF PROFESSIONAL & FINANCIAL REGULATION  
 OFFICE OF PROFESSIONAL & OCCUPATIONAL REGULATION  
 76 NORTHERN AVENUE  
 GARDINER, MAINE 04345

Janet T. Mills  
 Governor

Anne L. Head  
 Commissioner

**AMERICANS WITH DISABILITIES ACT (ADA)  
 REQUEST FOR EXAMINATION ACCOMMODATIONS**

*The information requested below will be considered strictly confidential and will only be shared for the purpose of examination accommodations.*

Tester Information	
Name:	Examination:
Disability:	
Requested Accommodation(s) (check all that apply)	
<input type="checkbox"/> Accessible Testing Site	<input type="checkbox"/> Separate Testing Site
<input type="checkbox"/> Braille	<input type="checkbox"/> Large Print
<input type="checkbox"/> Tape	<input type="checkbox"/> Reader for Visual Impairment
<input type="checkbox"/> Scribe/Amanuensis for Visual or Motor Impairment	<input type="checkbox"/> Reader for Learning Disability
<input type="checkbox"/> Scribe/Amanuensis for Learning Disability	<input type="checkbox"/> Sign Language Interpreter
<input type="checkbox"/> Extended Time: <input type="checkbox"/> Time-and-a-half <input type="checkbox"/> Double time <input type="checkbox"/> Other (please specify):	
<input type="checkbox"/> Use of computer or other adaptive equipment (please specify):	
<input type="checkbox"/> Other (please specify):	
Documentation of Disability Related Needs	
<p>If you have a learning, psychological, or other hidden disability that requires accommodation please submit a signed letter, on letterhead, from an appropriate professional (educational professional, doctor, psychologist, psychiatrist) certifying your disabling condition and the accommodation(s) required for testing.</p> <p>If you have existing documentation of having the same or similar accommodation(s) provided to you in another testing situation, you may submit this documentation instead.</p>	
Signature	
<p><b>I attest that the information provided on this form is verifiable, factual, and accurate to the best of my knowledge.</b></p>	
Tester Signature:	Date: