

# Request for Special Examination Accommodations



If you have a disability covered by the Americans with Disabilities Act, please complete this form and provide the Documentation of Disability-related Needs on the next page so your accommodations for testing can be processed efficiently. The information you provide and any documentation regarding your disability and your need for accommodation in testing will be treated with strict confidentiality. Please return this form with your examination application and fee to PSI within 45 days of the desired testing date.

## Candidate Information:

Name (Last, First, Middle Initial, Maiden Name) \_\_\_\_\_

Name of Practice/Facility/Company \_\_\_\_\_

Title \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Daytime Phone Number \_\_\_\_\_

Email \_\_\_\_\_

## Special Accommodations:

I request special accommodations for the Dental Anesthesia Assistant National Certification Examination (DAANCE). Please provide (check all that apply):

- ☐ Reader
- ☐ Extended testing time (time-and-a-half)
- ☐ Reduced distraction environment
- ☐ Other special accommodations (please specify) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Comments \_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_

## Return this form with your examination application and fee to:

PSI  
18000 W. 105th St.  
Olathe, KS 66061-7543

If you have questions, call Candidate Services at 833-333-4755.

## Documentation of Disability-related Needs



Please have this section completed by an appropriate professional (education professional, physician, psychologist, psychiatrist) to ensure that PSI is able to provide the required examination accommodations.

### Professional Documentation:

I have known \_\_\_\_\_ since \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
in my capacity as a \_\_\_\_\_ (Title).

The candidate discussed with me the nature of the examination to be administered. It is my opinion that, because of this candidate's disability described below, he/she should be accommodated by providing the special arrangements listed on the Request for Special Examination Accommodations form.

### Description of Disability

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Signed \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_ License # (if applicable) \_\_\_\_\_

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