

Request for Special Examination Accommodations



If you have a disability covered by the Americans with Disabilities Act, please complete this form and the Documentation of Disability-Related Needs on the reverse side 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/AMP 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 _____

Signed _____ Date _____

Return this form with your examination application and fee to:

Examination Services Department
PSI/AMP
18000 W. 105th Street
Olathe, KS 66061-7543

If you have questions, call Candidate Services at 888-519-9901.

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