



## North Carolina State Hearing Aid Dealers and Fitters Board

3801 Lake Boone Trail, Ste 190  
Raleigh, North Carolina 27607  
Phone: 919.834.3661 - Email: info@nchalb.org

### REQUEST FOR EXAMINATION ACCOMMODATIONS

Please complete this form and attach the supporting medical documentation. Please return this form to the Board office within 30 days of the desired testing date.

#### A. Candidate Information

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

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

City State Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

#### B. Nature of Your Disability or Disabilities

Please describe any and all physical or mental condition(s) that substantially limits one or more major life activities. Please also include the date of diagnosis(es). Please attach supporting medical documentation.

Condition: \_\_\_\_\_ Date of diagnosis: \_\_\_\_\_

Condition: \_\_\_\_\_ Date of diagnosis: \_\_\_\_\_

Condition: \_\_\_\_\_ Date of diagnosis: \_\_\_\_\_

Additional Information: \_\_\_\_\_

\_\_\_\_\_

#### C. Special Accommodations

I request special accommodations for the \_\_\_\_\_ examination.

Please provide (check all that apply):

\_\_\_\_\_ Special seating or other physical  
accommodation

\_\_\_\_\_ Extended examination time

\_\_\_\_\_ Reader

\_\_\_\_\_ Distraction-free room

\_\_\_\_\_ Other suggested special accommodations (Please specify.)

\_\_\_\_\_

Comments:

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**D. Certification Statement**

The information I have provided in support of my request for test accommodations is true and complete.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Your request will not be processed without a signature**