



International Hearing Society

16880 Middlebelt Rd., Ste. 4 • Livonia, MI 48154

p 734.522.7200 • f 734.522.0200

www.ihinfo.org

CANDIDATE ACCOMMODATION REQUEST FORM

for the International Licensing Examination for Hearing Healthcare Professionals

You are required to include current documentation from a qualified/licensed evaluator who diagnosed your disorder/condition and is familiar with its functional impact on a major life activity that affects your ability to perform on *the International Licensing Examination for Hearing Healthcare Professionals* or other similarly timed, standardized tests.

You must submit the complete Accommodation Request Form along with the required supporting documentation prior to scheduling an Examination appointment. IHS will conduct an individualized assessment of each request for special accommodations based upon the documentation submitted by the Candidate. The special accommodations assessment period is typically sixty (60) days.¹ IHS will then notify the Candidate whether his/her special accommodations request has been approved or denied. The Candidate then may schedule and pay for his/her Examination appointment.

Under the ADA, IHS is not required to provide accommodations that would fundamentally alter what the Examination is intended to test; jeopardize Examination security; or, result in an undue burden.

I. Candidate Information: Please Legibly Print or Type

Today's Date: _____ Gender: _____
Month Day Year

First Name: _____ MI: _____ Last: _____

Company Name: _____

Address Line 1: _____ Address Line 2: _____

City: _____ Province/State: _____

Postal Code: _____ Country: _____

Primary Phone: _____ Fax Number: _____

Cell Phone: _____ Home Phone: _____

Last 4-Digit Social #: _____ Birth Date: _____
Month Day Year

Email Address: _____

Requested Test Date: _____ Requested Test Center: _____
Month Day Year U.S. State or Canadian Province

Testing Centers are listed as www.kryteriononline.com

II. 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

¹ Please note that the submission of incomplete Accommodation Request Forms and/or incomplete supporting documentation may delay the assessment process.



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III. Nature of Your Disability or Disabilities (Check all that apply and provide specific diagnosis)

Visual – Specific Diagnosis: _____ Date Diagnosed: _____

Physical – Specific Diagnosis: _____ Date Diagnosed: _____

Cognitive – Specific Diagnosis: _____ Date Diagnosed: _____

Psychological – Specific Diagnosis: _____ Date Diagnosed: _____

Hearing – Specific Diagnosis: _____ Date Diagnosed: _____

Other – Specific Diagnosis: _____ Date Diagnosed: _____

Please describe your current functional limitations & how those limitations will affect your ability to take the *International Licensing Examination for Hearing Healthcare Professionals*:

PLEASE SUBMIT THIS FORM TO THE INTERNATIONAL HEARING SOCIETY



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IV. Accommodations Requested

Test Accommodations: Please indicate your accommodations request below. If the accommodations needed are not listed, mark "other" and explain the accommodation. Candidates with like accommodations may be tested in the same room.

- A. Reader
 - B. Reader and Recorder
 - C. Translator
 - D. Sign Language Interpreter
 - E. Screen Magnification software
 - F. Private Room
 - G. Food/Drink/Medical Equipment required during test session (describe below)
-

H. Extended Exam Time: : Extra Minutes + Standard 120 Minutes = Total

I. Other (Describe):

V. Accommodations History



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A. Did you receive accommodations or disabled-student services in elementary or secondary school?

Yes Not Requested Denied N/A

B. Did you receive accommodations in college (undergraduate or graduate studies)?

Yes Not Requested Denied N/A

C. Did you receive accommodations for any of the following standardized tests?

i. ACT Yes Not Requested Denied N/A

ii. SAT Yes Not Requested Denied N/A

iii. GRE Yes Not Requested Denied N/A

iv. GMAT Yes Not Requested Denied N/A

v. LSAT Yes Not Requested Denied N/A

vi. MCAT Yes Not Requested Denied N/A

Accommodations History Key

Yes = You were granted accommodations

Not Requested = You did not request accommodations

Denied = You were denied accommodations

N/A = You did not take the exam listed

D. If you previously received testing accommodations, as indicated by checking "Yes" to any of the questions above, please provide verifying documentation of all accommodations received, if available.

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