



North Carolina State Hearing Aid Dealers and Fitters Board

701 Exposition Place, Ste 206
Raleigh, North Carolina 27615
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: _____

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