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INTERNATIONAL  
ASSOCIATION  
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AGENCIES

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## ADA ACCOMMODATION REQUEST FORM

If you have a disability covered by the Americans with Disabilities Act of 1990 (ADA) and would like to request an accommodation in testing, Please indicate the type of accommodation sought by completing the form below:

PLEASE TYPE OR PRINT CLEARLY

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

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

Job Title: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_

ADA Accommodation Requested:

Reader

Scribe

Extended Time

Separate Testing Area

Use of Computer or adaptive equipment

(Please specify) \_\_\_\_\_

Other (please specify) \_\_\_\_\_

Did you receive ADA accommodation(s) during education/training?  Yes  No

If yes, please describe the specific ADA accommodation(s) received

\_\_\_\_\_



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By signing below, I attest that the information I have provided on this application is accurate, true and correct to the best of my knowledge. I understand that IAOHRA reserves the right to verify any and all information in my application, this request or in connection with my certification. Therefore, I understand and agree that my failure to provide accurate, true and correct information shall constitute grounds for rejection of my application, request for this accommodation in testing or denial or revocation of my certification.

Signature \_\_\_\_\_

Date \_\_\_\_\_

### Instructions for submitting this form:

Fill in form, print a copy of the completed form, sign and date.

**Send via Email** – SCAN signed copy and **EMAIL** to: [iaohra@sso.org](mailto:iaohra@sso.org)

**Send via FAX** – Attention: IAOHRA Certification Staff **fax# (202) 624-8185**

**Send via U. S. Mail** - IAOHRA – 444 North Capitol Street, NW, Suite 536 – Washington, DC 20001