

Appendix C: Special Accommodations

Request for AVIXA (CTS, CTS-D, CTS-I) Exam Special Accommodations

If you have a disability covered by a national disabilities program (e.g., Americans with Disabilities Act), and you wish to request accommodation for a qualified disability, please complete this form AND the *Healthcare Documentation of Disability Related Needs Form* so your request can be processed efficiently. The information you provide, along with any documentation regarding your disability and your need for accommodation in testing, is strictly confidential.

Applicant Information

First (Given) Name _____ Last (Family) Name _____
Address 1: _____
Address 2: _____
City: _____ ZIP/Postal Code: _____
State/Province: _____ Country: _____
Phone: _____ FAX: _____ Email: _____

Special Accommodations

I request special accommodations (please indicate in the table below), for the (preferred date of exam) _____ administration of the Certified Technology Specialist (CTS, CTS-D or CTS-I) Exam. I understand that the AVIXA Certification Committee may require a fee to defray the costs of these accommodations, as may be permitted by law.

Please provide (check all that apply):

- Accessible testing site
- Separate testing area
- Special seating
- Reader
- Extended testing time (time and a half)
- Other ADA special accommodations as authorized by a qualified medical professional (please specify)

Applicant's Signature: _____ Date _____

Healthcare Provider's Signature: _____ Date _____

*Return this form with your exam application information to the certification office a **minimum of 45 days** prior to the date you wish to take the exam. This request will not be processed if it is not accompanied by a properly completed AVIXA Exam Documentation of Disability Related Needs Form (Appendix D).*

NOTE: Applicants and stakeholders should download the most up-to-date free edition of the CTS-D Candidate Handbook that may include important policy and procedure updates by going to the AVIXA website at www.AVIXA.org.
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