

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).*