



Policy on Special Accommodations and Request Form

The Academy is committed to ensuring that candidates eligible for ACRP Certification who are seeking a reasonable accommodation(s) are provided with equal access to examination opportunities, in accordance with the Americans with Disabilities Act (ADA).

The Academy reserves the right to determine whether a medical condition not explicitly covered by the ADA qualifies under this policy. This determination is made at the sole discretion of the Academy. If approved, accommodation(s) will be provided at no additional charge.

Diagnostic Evaluation

The candidate must submit a letter from a licensed healthcare professional on official letterhead, including the professional's name, title, credentials, and signature, **along with this signed form**.

- Confirmation of diagnosis and functional impairment
- Description of how impairment affects test-taking abilities
- Accommodation(s) recommended

For learning disorders or mental disabilities, the evaluation must be conducted by a psychiatrist, psychologist, or other qualified professional who diagnoses such conditions.

Submission and Confidentiality

Candidates requesting special accommodation(s) must indicate their needs on the application and submit supporting documentation prior to exam approval. Documentation from a licensed healthcare professional must include a clear description of the requested accommodation(s). This form and all supporting materials may be submitted electronically and will remain confidential unless written consent is provided.

Accommodation(s) Requested

- | | |
|----------|----------|
| 1. _____ | 3. _____ |
| 2. _____ | 4. _____ |

Authorization and Agreement

I authorize the ACRP to use the information provided to determine my eligibility for accommodation(s) for testing due to disability. I certify that the information is true and understand that false statements may result in denial or revocation of certification. I also authorize my healthcare provider to release relevant information to support this request.

Signature: _____ Date: _____

Candidate Name: _____