

Special Arrangement Request Form

All examination centers are equipped to provide access in accordance with the Americans with Disabilities Act (ADA) of 1990. Applicants with disabilities or those who would otherwise have difficulty taking the examination may request special examination arrangements.

Candidates who wish to request special arrangements because of a disability should complete this form and provide supporting documentation.

Requirements for special arrangement requests:

You are required to submit documentation from the medical authority or learning institution that rendered a diagnosis. Verification must be submitted on the letterhead stationary of the authority or specialist and include the following:

- Description of the disability and limitations related to testing
- Recommended accommodation/modification
- Name, title and telephone number of the medical authority or specialist
- Original signature of the medical authority or specialist

Date (MM/DD/YYYY)	Social Security #
Legal Name (last, first, middle initial)	
Address street, city, state, zip code	
Home telephone	Work telephone
Email Address	
Cite the special arrangements you require (requests must concur with documentation submitted):	

Please sign indicating that you understand that you must provide written documentation to support your request for special accommodations along with your application.	
Signature	Date (MM/DD/YYYY)

ESL (English is Your Second Language): Please note that a language barrier is not considered a disability. In order to meet the license requirements, applicants must be able to read and write in the English Language pursuant as per Section 28-401.6 of the NYC Administrative Code.

- Complete and fax this form, along with supporting documentation, to (916) 561-7244.

DO NOT SCHEDULE YOUR WRITTEN EXAMINATION UNTIL THIS DOCUMENTATION HAS BEEN RECEIVED AND PROCESSED.