

Contact Information	
Name	Date
Address	Email
	Phone
Reason for Request (please check which of the following apply)	
<input type="checkbox"/> English is not my native language.	<input type="checkbox"/> I have a specific learning or learning-related disability.
<input type="checkbox"/> I have a hearing impairment.	<input type="checkbox"/> I have a visual impairment.
<input type="checkbox"/> I have an orthopedic/physical disability.	<input type="checkbox"/> I have a psychological/psychiatric/ behavioral disability.
<input type="checkbox"/> I have another health condition or impairment. <i>Please specify.</i>	
Accommodations Requested	
<input type="checkbox"/> Extended time. <i>Please indicate the number of additional hours you are requesting. (For those who are not native English speakers, a maximum of 1 additional hour may be approved. For all others, a maximum of 2 additional hours may be approved.)</i>	
<input type="checkbox"/> Reader (<i>an individual to read the questions aloud. Readers are not permitted to interpret the questions, only read them verbatim</i>)	<input type="checkbox"/> Recorder (<i>an individual to record your answers</i>)
<input type="checkbox"/> Sign language interpreter	<input type="checkbox"/> Distraction-reduced environment
<input type="checkbox"/> Other. <i>Please specify.</i>	
<i>Please note that the Child Life Professional Certification Examination is administered via computer-based testing only. A print version of the exam is not available.</i>	
Disability and Accommodations History	
<input type="checkbox"/> I have taken the Child Life Professional Certification Exam previously	<input type="checkbox"/> I received special testing accommodations for the Child Life Professional Certification Exam previously
<input type="checkbox"/> I received special testing accommodations for college/graduate school admissions tests (e.g., SAT, ACT, GRE)	
<input type="checkbox"/> I received services for students with disabilities during my undergraduate/graduate education. <i>Please specify.</i>	
<input type="checkbox"/> I received special accommodations for classroom examinations during my undergraduate/graduate education. <i>Please specify.</i>	

Verification Information <i>(select at least one of the following)</i>	
I am providing a foreign language college/university transcript showing that English is not my native language	I am providing a letter or other documentation from a healthcare provider which supports the requested accommodations
I am providing a testing accommodations history (see following page) completed by a representative of my college/university disability services department which supports the requested accommodations	
Statements of Understanding	
I understand that only those accommodations that are supported by appropriate verification documentation will be approved.	
I understand that not all testing centers can accommodate every type of accommodation; I may be required to schedule my exam at a testing center that is not my first choice in order to achieve the appropriate environment for testing.	
I understand that the materials submitted become the property of the Association of Child Life Professionals and will not be returned to me.	
I understand that representatives of ACLP may contact individuals named in supporting documentation to clarify and/or verify the appropriate testing accommodations.	
I certify that all the information on this form and in the supporting documentation is true and accurate.	
I understand that, if accommodations are approved, I will be contacted by a representative of SMT/IQT to schedule the exam. I understand that I must not schedule the exam through the SMT/IQT website as this may result in a rescheduling fee.	
Signature	Date

New/Approved: 06/2018

Revised:

Title/Manual

CLCC POLICIES MANUAL/CANDIDATE POLICIES/4.1 TESTING ACCOMMODATIONS REQUEST FORM AND ACCOMMODATIONS HISTORY

Testing Accommodations History

This form documents the applicant's history of special testing accommodations in higher education. A professional responsible for student disability services at the college or university where the accommodations were received should complete it.

Applicant Information		
Name	Date	
Address	Email	
	Phone	
Verifying Professional Information		
Name	Title	
Institution		
Address	Email	
	Phone	
Accommodations History		
<i>Please indicate the accommodations the applicant received during his/her undergraduate/graduate education.</i>		
	Extended time <i>Please indicate how much additional time was allowed for examinations.</i>	
	Reader	Recorder (an individual to record your answers)
	Sign language interpreter	Distraction-reduced environment
	Other <i>Please specify.</i>	
Please indicate the dates or time period that these accommodations were provided		
Please indicate the reason these accommodations were provided.		
Was the need for these accommodations verified by an appropriately-licensed or certified healthcare professional?		
I certify that the information that is provided on this form is true and correct to the best of my knowledge.		
Verifying Professional Signature	Date	

New/Approved: 06/2018

Revised:

Title/Manual

CLCC POLICIES MANUAL/CANDIDATE POLICIES/4.1 TESTING ACCOMMODATIONS REQUEST FORM AND ACCOMMODATIONS HISTORY