

**AMERICAN BOARD OF INDUSTRIAL HYGIENE (ABIH)
TEST ACCOMMODATION REQUEST FORM**

To request test accommodation for a disability covered by the Americans with Disabilities Act as amended in 2008:

1.) Read the Documentation Guidelines carefully.

Share them with the professional who will be preparing your documentation.

2.) Complete this form in full. Read and sign the Authorization (Section F) below.

3.) Attach documentation of your disability and your need for accommodation.

Be sure your documentation includes the information listed in the Documentation Guidelines.

Include supporting documentation (i.e., school records, records of prior testing accommodations, medical records, lab reports, etc.) as necessary to support your request.

INCOMPLETE DOCUMENTATION WILL DELAY PROCESSING OF YOUR REQUEST

4.) Be sure that:

-All information you submit is typed or printed. Material from evaluators must be on official letterhead.

-All documents must be in English. You are responsible for providing certified English translations of foreign-language documentation.

-You include documentation of your functional impairment in activities beyond test-taking.

4.) Send your completed ABIH Test Accommodation Request Form and supporting documentation WITH YOUR APPLICATION FOR THE CERTIFICATION EXAM BY THE NORMAL APPLICATION DEADLINE (February 1/August 1) to:

**AMERICAN BOARD OF INDUSTRIAL HYGIENE
6015 West St. Joseph, Suite 102
Lansing, MI 48917-3980
Fax: (517) 321-4624**

Section A. Biographical Information

Name: _____
 Last First Middle Initial

Address: _____
 Street City/State/Zip Code

Telephone: _____
 Day Evening

Email Address: _____

Section B. Nature of Disability

Indicate the nature of your disability, the year it was first professionally diagnosed, and the date of your most recent evaluation. (Select all that apply):

- Disability
- Vision
- Physical
- ADHD
- Learning
- Psychological
- Hearing
- Other (Specify: _____)

First diagnosed _____ Most recent evaluation _____

Section C. Previous Accommodations

Have you previously received test accommodations? Yes No
If yes, provide name of examination, test date, and accommodations received:

Have you previously received educational accommodations? Yes No
If yes, provide name of school, applicable dates, and accommodations received:

Have you previously received workplace accommodations? Yes No
If yes, provide name of employer, applicable dates, and accommodations received:

Section D. Requested Accommodations

Select all that apply.

- Additional time
- Reader or screen reader software
- Sign language interpreter (for spoken directions and candidate questions only)
- Trackball mouse
- Enlarged font
- Separate test room
- Other equipment or accommodation (Please explain: _____)

Section E. Personal Statement

Please describe how your disability impacts your daily life. Attach additional pages if necessary.

Section F. Authorization

By signing below, I attest that the information I have provided on this request form is accurate, true, and correct to the best of my knowledge. I agree to and authorize the release of this information to ABIH for use in determining eligibility for the requested accommodation in testing. I understand that ABIH reserves the right to verify any and all information in my application. Therefore, I understand and agree that my failure to provide accurate, true, and correct information shall constitute grounds for rejection of my request for this accommodation in testing.

Signature: _____ Date: _____

Your request will be reviewed upon approval to sit for the ABIH examination and receipt of all relevant materials as described above. You will receive a decision by written notification from ABIH. For reasons of confidentiality, information regarding the granting or denial of test accommodations will not be released by telephone.

If you have any questions, please contact the Certification Program Manager, Ron Drafta, at 517-321-2638 Ext 11