

Part 1. Examinee Information

First Name: _____ Last Name: _____

Street Address: _____

City: _____ State/Province: _____

Postal Code: _____ Country: _____

Telephone Number: _____ Email: _____

Date of Birth: _____

Part 2. Exam Information

What exam(s) are you taking?

- International Exam CCA Local Board Exam CCA Specialty Exam
 Soil Science Fundamentals Exam Soil Professional Practice Exam

Which Board or Specialty Exam? _____

Part 3. Accommodations Information

What is the disability that you are requesting accommodations for?

Please describe any equipment, devices, food, medication, etc. (due to a medical condition).

Check the applicable boxes regarding the requested accommodation(s).

- Breaks/amount of time requested (indicate #per hour and length):_____
- 25% Additional Exam Time (time and 1/4)
- 50% Additional Exam Time (time and 1/2)
- Other Additional Exam Time
- Alternate Exam Format - Paper/Pencil
- Screen Magnification/Brightness/Color
- Other – please specify:_____

Part 4. Accommodation History

History - List examinations for which you have been provided accommodations and provide supporting information. If you have been approved by the ASA/SSSA Certification Office within the last year please provide the date and exam that was approved, you will not need to resubmit documentation. If it has been longer than 1 year, please include current documentation in Part 5 of this document, below.

Part 5. Disability Documentation

Appropriate and current documentation must accompany this request for accommodation. There is a checklist provided below to help ensure that the required documents are being submitted. Please attach any letters, evaluations, recommendations, etc. to this Exam Accommodations Request Form in support of your request.

Documentation Checklist

- Detailed statement describing the disability including the severity, and justification for the requested accommodations.
- Comprehensive medical and/or psychological evaluation on letterhead from a qualified professional for evaluating the disability and severity including a) a description of the functional limitations of the disability, b) specific recommendations for exam accommodations, including why these specific accommodations are needed, and c) if the documentation is greater than 1 year old, a written confirmation from a qualified professional that the disability is still actively being managed.
- Copies of supporting documentation stating the details of past granted accommodations provided by a university (educational institution (if applicable) or medical professional. This would include student disability/accessibility services at an educational institution or medical/psychological specialist.

Part 6. Authorization and Signature of Examinee

By signing below, I affirm that

- To the best of my knowledge, the information that I am submitting on this form and any attached documentation is true and accurate.
- I acknowledge that the information being submitted herein or being submitted on behalf of myself is confidential to the ASA/SSSA Certification Office and will not be shared with anyone else unless expressly authorized by me in writing.
- I understand that I authorize the ASA/SSSA Certification Office to obtain additional information from entities or professionals that have evaluated or treated my disability if needed to determine whether a requested accommodation is warranted and appropriate. I authorize such entities and professionals to provide the ASA/SSSA Certification Office with the requested information.

Examinee Signature: _____ Date: _____

Printed Name: _____

You may either email or send the Request to the ASA/SSSA Certification Office using the information below.

Please mark your Request package as Confidential.

Email (preferred): examaccommodations@sciencesocieties.org

Mail/UPS/FedEx:

ASA/SSSA Certification Office

Exam Accommodations

5585 Guilford Road

Madison, WI 53711