ASSE International

Application for Special Accommodations

Before You Begin

Please review the following information before completing this form:

- Complete all sections of this application.
- Submit current documentation from a qualified healthcare provider or appropriately licensed professional familiar with your condition.
- Documentation should describe:
  - Diagnosis or disability;
  - Functional limitations related to test-taking activities;
  - The severity and expected duration of the condition;
  - Specific accommodations recommended.
- Requests should be submitted at least **30 days prior** to the desired testing date whenever possible.
- Incomplete applications may delay the review process.
- Submission of this form does not guarantee approval of requested accommodation.
- ASSE International reserves the right to request additional information when necessary to evaluate a request.
- **Submit your form to: assecertifications@asse-plumbing.org**

Section A: Applicant Information

Personal Information

Full Name: _____

Home Address: _____

City: _____ **State/Province:** _____

Postal Code: _____

Telephone Number: _____**Email Address:** _____

Preferred Method of Communication

☐ Email

☐ Telephone

☐ Mail

Section B: Disability Information

Nature of Disability or Medical Condition

Please identify the disability, disorder, impairment, or medical condition for which accommodation is being requested.

Date of Diagnosis (if applicable)

Is the Condition:

☐ Permanent

☐ Temporary

☐ Episodic

☐ Other: _____

Name of Diagnosing or Treating Professional

Professional Credentials

Section C: Prior Accommodations

Please describe accommodations you have previously received in educational, professional, certification, licensing, employment, or other testing environments.

Have you previously received accommodations?

☐ Yes

☐ No

If yes, please describe:

Where Were the Accommodations Provided?

☐ School

☐ College/University

☐ Employment

☐ Certification Examination

☐ Licensing Examination

☐ Other: _____

Section D: Requested Accommodation(s)

Please identify the accommodation(s) you are requesting.

Testing Environment Accommodations

☐ Separate Testing Room

☐ Reduced-Distraction Environment

☐ Additional Breaks

☐ Medical Breaks

☐ Wheelchair Accessible Testing Site

☐ Other: _____

Time-Related Accommodations

☐ Extended Testing Time (Please specify amount requested)

Medical Accommodations

☐ Permission for Medication

☐ Permission for Medical Devices

☐ Food or Beverage Access

☐ Service Animal

☐ Other: _____

Section E: Disability Impact Statement

Please explain how your disability or medical condition substantially limits one or more major life activities and how it impacts your ability to participate in testing under standard conditions.

Include specific examples when possible.

Section F: Supporting Documentation Checklist

Please check all items being submitted with this request.

☐ Completed Accommodation Request Form

☐ Professional Evaluation Report

☐ Medical Documentation

☐ Accommodation Recommendation Letter

☐ Prior Accommodation Documentation

☐ Additional Supporting Documentation if needed

☐ Other: _____

Section G: Applicant Authorization

I certify that the information provided in this application and all supporting documentation is accurate and complete to the best of my knowledge.

I authorize ASSE International to review the information submitted for the sole purpose of evaluating my request for testing accommodation. I understand that additional information may be requested if necessary to complete the review process.

I understand that approval of accommodations is based upon documentation supporting the existence of a disability and demonstrating the need for requested accommodations. I further understand that accommodation is determined on an individualized basis and may differ from those requested.

Applicant Signature

Signature: _____

Printed Name: _____

Date: _____

Submit your form to: assecertifications@asse-plumbing.org

Use this space to provide any additional information regarding your request.

ASSE International Use Only

Date Request Received

Request Reviewed By

Additional Information Requested

☐ Yes

☐ No

Accommodation Determination

☐ Approved as Requested

☐ Approved with Modification

☐ Not Approved

Approved Accommodation(s)

Determination Date

Approved By

Notes

Privacy Notice

All accommodation-related records and supporting documentation will be maintained in accordance with ASSE International record retention and confidentiality requirements. Information will be used solely for evaluating accommodation requests and administering approved accommodations. Information will not be disclosed except as required by law or as necessary to implement approved accommodation. Based on the template provided by ASSE International

If you would like to review detailed information regarding ADA Accommodations, you can go to www.ada.gov for more information.