

Request for Accommodations

I _____ am requesting an Accommodation to complete the _____ (EPPP, NSBEP Oral Exam, other NSBEP exam, etc.) based on the following disability, concern, condition or issue _____ (e.g., medical condition, mental health condition, cognitive condition, physical disability, language issue, other condition, etc.).

The accommodation(s) I am requesting is (are) _____. (e.g., extra time – typically 1.5 times the normal, other).

I attest that my description of my disability, concern, condition, or issue is accurate and that the requested accommodation would be helpful to me to successfully complete the activity identified above.

Signature: _____

Date: _____