



ADA ACCOMMODATION REQUEST FORM



International Code Council (ICC)
900 Montclair Road
Birmingham, AL 35213-1206 Phone
205-591-1853 or 877-783-3926
www.iccsafe.org

Please allow 7 - 10 business days to process application.

If you have a disability covered by the Americans with Disabilities Act of 1990 (ADA) and would like to request an accommodation in testing, please complete Section 1 below and have an appropriate professional (i.e., education professional, doctor, psychologist, psychiatrist) with current knowledge of your disability complete Section 2 below to certify that your disability requires the requested test accommodation.

As provided in Section 3 below, please also have this professional attach a letter detailing the specific nature of your disability as it relates to the request and the reasons for requesting the accommodation. The letter must be written on the professional's letterhead, must have an original signature, and must be dated no more than three (3) years prior to this application. (If you have existing documentation of having the same or similar accommodation provided to you in another testing situation, you may submit such documentation instead of having the Section 3 portion of this form completed.) YOU MUST SEND IN THIS REQUEST FORM WITH EVERY EXAM APPLICATION/ADMINISTRATION.

If any of the items are not completed and included, your request will not be processed. DO NOT ATTEMPT TO TEST UNTIL YOU HAVE RECEIVED OFFICIAL CONFIRMATION FROM ICC.

SECTION 1 - To be completed by candidate
PLEASE TYPE OR PRINT CLEARLY - ATTACH ADDITIONAL PAGES IF NECESSARY

Name:
Address:
City: State: Zip:
Phone: SSN:
E-mail:

For which examination are you requesting assistance?

Nature of disability:

ADA accommodation requested:

By signing below, I attest that the information I have provided on this application is accurate, true, and correct to the best of my knowledge. I agree to and authorize the release of information requested to ICC for use in determining eligibility for the requested accommodation in testing. If the information provided is not sufficient to evaluate the request, I authorize ICC to obtain additional information from the professional who completes the documents on my behalf related to this request and/or those entities who have provided test accommodations in the past. In addition, I authorize that professional and/or entities to provide additional information to ICC if necessary for evaluating the appropriateness of my requested accommodation in testing. I understand that ICC 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:



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SECTION 2 - To be completed by healthcare professional
PLEASE TYPE OR PRINT CLEARLY - ATTACH REQUIRED DOCUMENTATION

I have known _____ since _____
(Full name of candidate) (Date)

In my role as a _____
(Professional title)

I have attached a copy of my professional credentials.

I certify that I have discussed the nature of the test to be administered by the International Code Council (ICC) with the above-named candidate, and it is my opinion that because of this applicant's disability, he/she should be accommodated by providing the following (check all that apply):

- Accessible examination site
Separate examination area
Large print examination (specify type size)
Reader
Electronic media examination
Sign language interpreter
Scribe/amanuensis
Extended time:
Time-and-a-half
Other time limit (specify time limit)
Other (please specify)

Name: _____

Signature: _____

Date:

Title: _____

License # and State:

Phone #: _____

E-mail:



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SECTION 3 – To be completed by appropriate MEDICAL professional

Please attach a letter detailing the specific nature of the candidate's disability as it relates to the request and the reasons for requesting the accommodation. The letter must be written on your professional letterhead, must have an original signature, and must be dated no more than three (3) years prior to the application. *(If you have existing documentation of having the same or similar accommodation provided to you in another testing situation, you may submit such documentation instead of having this section of this form completed.)*