



Form B – Documentation of Disability-Related Needs

If you have a disability covered by the Americans with Disabilities Act (ADA), please complete both Form A & Form B. The information you provide, and any documentation regarding your disability and special accommodation requirements, will be treated with strict confidentiality. Please have this section completed by a licensed healthcare provider to ensure that NSCP and Pearson VUE are able to provide the required testing accommodations.

If you have existing documentation on file with Pearson VUE, pertaining to the same or similar accommodation provided in another testing situation, you may submit such documentation in lieu of completing another Form B.

Licensed Healthcare Provider Documentation

I have known _____ since ____/____/_____
Test applicant

in my capacity as a _____
Professional Title

The applicant has discussed with me the nature of the test administered. It is my professional opinion, that because of this applicant's disability, _____ should be

accommodated by providing the following:

Check all that apply:

- | | |
|---|---|
| <input type="radio"/> Accessible Testing Site | <input type="radio"/> Screen Magnifier (Large Font) |
| <input type="radio"/> Separate testing room | <input type="radio"/> Reader Required for Learning Disability |
| <input type="radio"/> Extended testing time (time and a half) | <input type="radio"/> Reader Required for Visual Disability |
| <input type="radio"/> Other special accommodation (specify) _____ | |

Signature: _____ Date: _____

Title: _____ License # _____
(if applicable)