



22 Kent Road
 Cornwall Bridge, CT
 06754
 Telephone: (860) 672.0843
 Fax: (630) 978.9223

Form B – Documentation of Disability-Related Needs

If you have a disability covered by the Americans with Disabilities Act (ADA), please complete Forms A & 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:

- Accessible Testing Site
- Screen Magnifier (Large Font)
- Separate testing room
- Reader Required for Learning Disability
- Extended testing time (time and a half)
- Reader Required for Visual Disability
- Other special accommodation (specify)

Signature: _____ Date: _____

Title: _____ License # _____
 (if applicable)