

## Applicant form requesting disability-based accommodation for examination(s)

To be completed by the applicant. Please print or type clearly in blue or black ink.

If you have a disability and need to request an accommodation for the Examination for Professional Practice in Psychology (EPPP) [www.asppb.org](http://www.asppb.org) and/or the jurisprudence examination, see [WAC 246-924-070](#), please provide the following information and return this form and the evaluator's form to the Washington State Examining Board of Psychology. Before completing this form you should review the board's Policies and Procedures for Disability-Based Examination Accommodation Requests. The Policies and Procedures and the Applicant and evaluator forms are available through the board's [website](#). These forms and the documentation related to your request and the board's decision will become a permanent part of your examination and licensing record.

The board requires that you also submit the evaluator form with current documentation from a qualified/licensed evaluator who knows your disorder/condition and its functional impact on your ability to perform on the EPPP, and/or on the board's jurisprudence examination, or other similarly timed, standardized admission tests. You should make sure the evaluator has a copy of the board's Policies and Procedures to review before completing that form. The board will consider the term "disability" as relevant to your request for an examination accommodation as the term is defined under the Americans With Disabilities Act (ADA) and under the Washington Law Against Discrimination (WLAD). These definitions are found in the board's Policies and Procedures.

**The board's review process and your option to appeal any decision is described in the Policies and Procedures.**

### I. Background Information:

Name		<input type="checkbox"/> Male <input type="checkbox"/> Female
Social Security Number	Date of Birth (mm/dd/yyyy)	
Address		
City	State	Zip Code
Requested Test Date	Requested Test Center	

Please check if applicable:  I have previously submitted documentation of my disability accommodation request to the board.

Indicate the examination in which you are requesting accommodations:

- Jurisprudence  
 EPPP

**II. Nature of your disorder/condition:**  
**Check all that apply and provide specific diagnosis.**

- Visual \_\_\_\_\_
- Physical \_\_\_\_\_
- Cognitive \_\_\_\_\_
- Psychological \_\_\_\_\_
- Hearing \_\_\_\_\_
- Other \_\_\_\_\_

**III. Past accommodations granted for your disorder/condition:**

1. Did you ever have formal accommodations in elementary school?.....  yes  no
2. Did you even have an Individualized Educational Plan (IEP)? .....  yes  no
3. Did you ever receive special education services? .....  yes  no
4. Were you ever retained in school? .....  yes  no
5. Have you taken any past standardized tests such as the SAT, ACT, GRE, MCAT, or GMAT examination? If yes, provide a copy of all standard and accommodated test score(s) reports and complete # seven.....  yes  no
6. Did you request accommodations?.....  yes  no
  - a. If no, please explain. \_\_\_\_\_
  - \_\_\_\_\_
  - b. If yes, were you granted accommodations? .....  yes  no
  - c. If yes, did you receive accommodations for all administrations?.....  yes  no
7. Specify the tests taken, whether under standard or accommodated conditions, and the accommodations granted.

Test	Date Administered	Score	Percentile	Standard Conditions	Accommodations Granted

Note: the following is information to assist you in obtaining past standardized test scores:

SAT—the College Board; (212)713-8000; [www.collegeboard.com](http://www.collegeboard.com)

ACT—American College Testing; (319)337-1313; [www.act.org](http://www.act.org)

GRE/Praxis—Educational Testing Service; (609)921-9000; [www.ets.org](http://www.ets.org)

GMAT—Graduate Management Admission Council; (800) 717-4628; [www.mba.com](http://www.mba.com)

MCAT—Association of American Medical Colleges; (202)-828-0690; [www.aamc.org](http://www.aamc.org)

8. Did you receive additional test time for any exams while you were in college or graduate school? .....  yes  no
9. Did you receive any other accommodations while you were in college or graduate school? .....  yes  no
- a. If yes, please list the type of test (e.g., essay, multiple-choice, ect.) and the course type along with a letter from the applicable institution on its official letterhead that details all of the accommodations you received.

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b. If no, please explain.

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**IV. Accommodations Requested:**

**1. Test Format:** Check one only. If you do not complete this section, the regular print test book will be used. Test preparation materials are available in the following formats upon request.

Braille version of exam.

Large print (18 pt.) test book.

Other, please explain. \_\_\_\_\_

**2. Test Accommodations:** (the following are the most commonly requested test accommodations. If the accommodations needed are not list, check 'other' and explain the accommodation. Applicants with like accommodations may be tested in the same room.

Additional time on multiple-choice sections.

\_\_\_\_\_ Extra minutes + standard 35 minutes = \_\_\_\_\_ total minutes

Additional time Writing Sample.

\_\_\_\_\_ Extra minutes + standard 35 minutes = \_\_\_\_\_ total minutes

\_\_\_\_\_ Use of computer for the Writing Sample.

Alternate non-Scantron answer sheet.

Use of a reader.

Use of an amanuensis (scribe provided by the board).

Additional rest time (standard break is 10-15 minutes between third and fourth sections.)

\_\_\_\_\_ Extra minutes for the standard break

Break between sections.

\_\_\_\_\_ Extra minutes between each section.

Sit/stand with a podium.

Wheelchair accessibility.

Other, please explain. \_\_\_\_\_

**Note: On a separate piece of paper, you will need to describe how your disorder/condition impacts your ability to take the examination and explain why you need each of the accommodation(s) you have requested.**

I certify That all of the information on this form is true and correct.

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date (mm/dd/yyyy)

\_\_\_\_\_  
Printed name of applicant

**Note: The information provided will be used to decide whether to approve the request and to identify the proper accommodation. Failure to provide this information will result in denial of the request. Applicants have the right to review records subject to the provisions of the Public Records Act ([RCW 42.56](#))**

**Board Use only**  
**Examination/Accommodation History**

Accommodations: \_\_\_\_\_

Exam Dates: \_\_\_\_\_