



State Office Building, 333 Willoughby Avenue, 9th Floor  
PO Box 110806, Juneau, AK 99811-0806  
Phone: (907) 465-2550  
Email: [License@Alaska.Gov](mailto:License@Alaska.Gov)  
Website: [ProfessionalLicense.Alaska.Gov](http://ProfessionalLicense.Alaska.Gov)

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## Application for Examination Accommodations for Candidates with Disabilities

### Instructions:

1. All candidates must fully complete **Section A** of the application.
2. If the candidate received a prior accommodation while taking a similar examination, documentation verifying the prior examination and accommodation must be submitted with **Section A** of the application.
3. If the candidate has not received a prior accommodation, a licensed/certified or otherwise qualified professional whose credentials are appropriate to diagnose, evaluate, and treat the disability must complete **Section B** of the application, and submit it together with **Section A**.
4. Return all required **documentation** to:  
Division of Corporations, Business and Professional Licensing  
P.O. Box 110806  
Juneau, Alaska 99811-0806
5. All documentation **must be received by the application deadline** for the exam for which the candidate is applying.

Our staff will strive to let you know whether our office has granted an accommodation within **two weeks of receipt of a completed form**. Depending on the exam, the testing entity may require additional information.

**Our office will work with you to make this process as smooth as possible.**

**SECTION A:****Candidate's Section**

<b>Name:</b>	
<b>Address:</b>	
<b>Phone:</b>	
<b>Email:</b>	

<b>Which professional license have you applied for:</b>	
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**Do you have a physical or mental impairment that substantially limits one or more major life activities?**

No

Yes, my impairment is: \_\_\_\_\_

**Does the impairment affect your ability to take the examination for the license you are applying for?**

No

Yes, this is how: \_\_\_\_\_

**Based on my current disability and functioning, and in consultation with the diagnosing professional (if relevant) or prior examination accommodations (attached), I am requesting the following accommodations (check all that apply):**

Large type test booklet (if available)

Architecturally accessible test site and accommodation: \_\_\_\_\_

Reader (with separate room and proctor)

Sign language interpreter:       For opening instructions only       For the entire test

Separate room and proctor (not due to use of reader, writer, or sign interpreter)

Extended time:       25% Extra       50% Extra       75% Extra       100% Extra

Writer (to record answers on answer sheet)

Other accommodation(s): \_\_\_\_\_

**Have you previously received this accommodation(s) while taking a similar examination(s)?**

No, I will have a qualified professional complete Section B and submit it with this application.

Yes, documentation verifying the prior examination date, type, and accommodation is attached.

I certify that the information provided by me on this form is true and correct to the best of my knowledge.

I authorize the State of Alaska to release the information provided to parties involved in providing the accommodations requested.

**Candidate's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



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**SECTION B: These pages to be completed by the professional.**

This section must be completed by a licensed, certified, or otherwise qualified professionals whose credentials are appropriate to diagnose, evaluate, and treat the disability. The professional must have diagnosed, evaluated, or treated the candidate within the last three years and have current knowledge of the candidate’s disability and its impact on major life activities.

When completed, submit the professional’s Section B together with the candidate’s Section A directly to the division at the letterhead address.

<b>Candidate’s Name:</b>	
<b>Professional License and/or Examination Requested:</b>	

<b>PART I Professional’s Section</b>	
<b>Name:</b>	
<b>Title:</b>	
<b>Address:</b>	
<b>Phone:</b>	
<b>Email:</b>	

**I am licensed:**  No  Yes:

Profession: \_\_\_\_\_  
License/Certificate #: \_\_\_\_\_  
State of Licensure: \_\_\_\_\_

