

The **S**tate

of

LASKA Department of Commerce, Community, and Economic Development Division of Corporations, Business and Professional Licensing

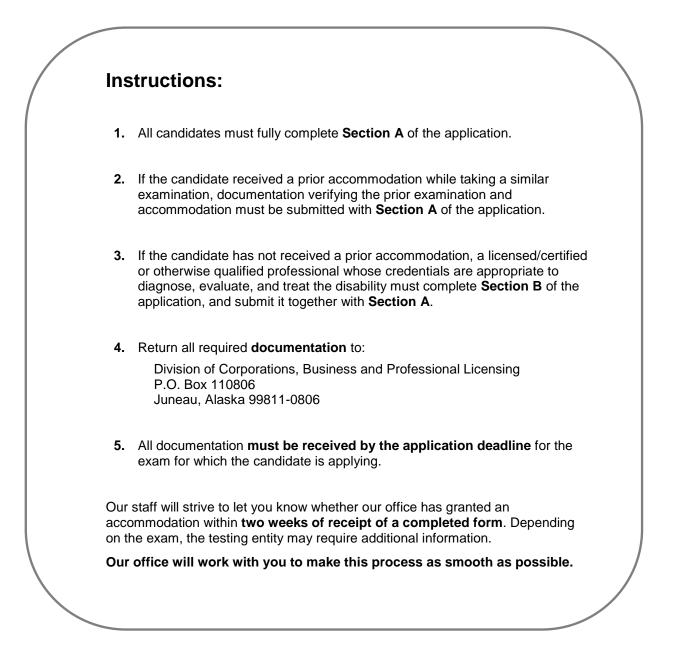
State Office Building, 333 Willoughby Avenue, 9th Floor PO Box 110806, Juneau, AK 99811-0806 Phone: (907) 465-2550 Email: License@Alaska.Gov Website: ProfessionalLicense.Alaska.Gov

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Application for Examination Accommodations for Candidates with Disabilities



SECTION A:	Candidate's Section
Name:	
Address:	
Phone:	
Email:	
Which license ty	ype have you applied for:
Do you have a p	physical or mental impairment that substantially limits one or more major life activities?
☐ No ☐ Yes, my ir	mpairment is:
Does the impair	ment affect your ability to take the examination for the license you are applying for?
No No	
Yes, this i	is how:
relevant) or prio (check all that a) Large typ Architectu Reader (v Sign lang Separate Extended Writer (to	be test booklet (if available) urally accessible test site and accommodation: with separate room and proctor) guage interpreter: For opening instructions only room and proctor (not due to use of reader, writer, or sign interpreter)
No, I will	busly received this accommodation(s) while taking a similar examination(s)? have a qualified professional complete Section B and submit it with this application. umentation verifying the prior examination date, type, and accommodation is attached.
-	nformation provided by me on this form is true and correct to the best of my knowledge. ate of Alaska to release the information provided to parties involved in providing the requested.
Candidate's Sigr	nature: Date:
Yes, docu I certify that the in I authorize the Sta	umentation verifying the prior examination date, type, and accommodation is attached.



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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.

Candidate's Name:

PARTI	Professional's Section
Name:	
Title:	
Address:	
Phone:	
Email:	

I am licensed:	No Yes:	
	Profession:	
	License/Certificate #:	
	State of Licensure:	

PART II Diagnosis and Treatment Information

Diagnosis if a specific learning disability or mental/psychiatric disorder, provide the DSM-V diagnosis and code A copy of the psychological, psychiatric, or educational assessment report with test scores must be enclosed:	
	_
Describe the manner in which this disability impairs major life activity:	
Provide the last date of your treatment or consultation with the candidate:	

PART III Recommended Accommodation(s) for Examination

I have consulted with the candidate as to the accommodation needed. Based on my knowledge of this candidate's disability and current functioning, and in consultation with the candidate, the following accommodations are recommended (check all that apply):

Architecturally accessible test site and accommodation:
Reader (with separate room and proctor)
Sign language interpreter:
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):

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.

Professional's Signature:

Date:

Submit this section with the candidate's Section A (with applicable supporting documentation) by the application deadline to the licensing program for which the candidate is applying to:

Division of Corporations, Business and Professional Licensing P.O. Box 110806 Juneau, Alaska 99811-0806