



THE STATE

of

ALASKA *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

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**

Name:	
Address:	
Phone:	
Email:	

Which license type have you applied for:	
Do you have a physical or mental impairment that substantially limits one or more major life activities?	
<input type="checkbox"/> No <input type="checkbox"/> Yes, my impairment is: _____	

Does the impairment affect your ability to take the examination for the license you are applying for?	
<input type="checkbox"/> No <input type="checkbox"/> 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):	
<input type="checkbox"/> Large type test booklet (if available) <input type="checkbox"/> Architecturally accessible test site and accommodation: _____ <input type="checkbox"/> Reader (with separate room and proctor) <input type="checkbox"/> Sign language interpreter: <input type="checkbox"/> For opening instructions only <input type="checkbox"/> For the entire test <input type="checkbox"/> Separate room and proctor (not due to use of reader, writer, or sign interpreter) <input type="checkbox"/> Extended time: <input type="checkbox"/> 25% Extra <input type="checkbox"/> 50% Extra <input type="checkbox"/> 75% Extra <input type="checkbox"/> 100% Extra <input type="checkbox"/> Writer (to record answers on answer sheet) <input type="checkbox"/> Other accommodation(s): _____	

Have you previously received this accommodation(s) while taking a similar examination(s)?	
<input type="checkbox"/> No, I will have a qualified professional complete Section B and submit it with this application. <input type="checkbox"/> 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.

Candidate's Name:	
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PART I	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):

- 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): _____

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:

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 P.O. Box 110806
 Juneau, Alaska 99811-0806