



Candidate Information for Special Accommodations

You may request special accommodations if you have a medical condition that would prevent you from taking the exam as it is typically administered. You need to submit the request for special accommodations when you register for the exam. Please complete the candidate information, requested accommodations sections of this form and have your healthcare provider complete the professional documentation section. You must complete all sections of this form and submit it to the NSCA Certification Commission. The Commission must receive your completed form at least 45 days prior to your scheduled exam appointment in order for the testing service to consider your request.

Candidate ID: _____

Last Name: _____ First Name: _____ MI: _____

Address: _____

City: _____ State/Province: _____ Zip/Postal Code: _____

Work Phone: _____ Home Phone: _____

E-mail Address: _____

Requested Accommodations

I request special accommodations for the exam listed below:

_____ CSCS
_____ NSCA-CPT

Please check all that apply:

_____ Reader
_____ Replay of the video portion of the exam
_____ Separate exam room
_____ Extended exam time (time and a half is the maximum time allowed)
_____ Other special accommodations (please specify)

Comments: _____

Professional Documentation

An appropriate professional (education professional, doctor, psychologist or psychiatrist) needs to complete this section to substantiate that your condition (learning disability, psychological disability, etc.) requires the requested exam accommodations.

In my capacity as a _____ ,
I have know _____ since _____.

The candidate discussed with me the nature of the exam he/she is taking. It is my opinion that because of this candidate's disability described below, he/she should receive the special arrangements listed above (e.g., reader, extended time, etc.).

Description of Disability: _____

Signed: _____
Title: _____
Date: _____ License # (if applicable): _____

Candidate Affirmation: I attest that the information contained in this Request for Special Accommodations is true, complete and correct to the best of my knowledge and is made in good faith. I understand that if any information is later determined to be false, the NSCA Certification Commission Executive Council reserves the right to withhold or cancel exam scores or revoke the certification granted on the basis of the false information.

Signed: _____ Date: _____

Fax this form to the NSCA Certification Commission at 402-476-7141 or return this form to the Commission at 3333 Landmark Circle, Lincoln, NE 68504. If you have questions, please contact the NSCA Certification Commission at 888-746-2378 or 402-476-6669 or exams@nsca-cc.org.