



Application for Test Accommodations

To request test accommodations for a disability covered by the Americans with Disabilities Act of 1990 (ADA):

1. Read the Documentation Guidelines carefully.
 - Share them with the professional who will be preparing your documentation.
2. Complete the form in full. Read and sign the Authorization (Section F) below.
3. Attach documentation of your disability and your need for accommodation(s).
 - Be sure your documentation includes the information listed in the NWSA Guidelines for Documenting a Request for Test Accommodations.
 - Include supporting documentation (i.e., school records, records of prior testing accommodations, medical reports, lab reports, etc.) as necessary to support your request.
 - PLEASE NOTE THAT INCOMPLETE DOCUMENTATION WILL DELAY PROCESSING OF YOUR REQUEST
4. Be sure that:
 - All information you submit is typed or printed. Material from evaluators must be on official letterhead.
 - All documents must be in English. You are responsible for providing certified English translations of foreign-language documentation.
 - You include documentation of your functional impairment in activities beyond test-taking.
5. Send your completed NWSA Test Accommodation Request Form and supporting documentation at least four (4) weeks prior to your testing date to:

National Wireless Safety Alliance
ATTN: Disability Services
2750 Prosperity Avenue, Suite 501
Fairfax, VA 22031
6. After submission, if there is a request made for additional information the candidate must submit the requested information within the 12-month period from the date of the original submission, or the candidate will be required to start the process from the beginning.
7. If and/or when the testing accommodation is approved it will be the responsibility of the candidate to advise the Test Site Coordinator at their selected location of the approval.

Applicants for ADA accommodations must comply with the applicable registration deadline but are encouraged to submit the application and documentation as early as possible to allow ample time for consideration of the request.

SECTION A. BIOGRAPHICAL INFORMATION

LAST NAME	FIRST NAME	M.I.	SUFFIX
SOCIAL SECURITY NUMBER			
STREET ADDRESS			
CITY	STATE	ZIP	
TELEPHONE (DAYTIME)		TELEPHONE (EVENING)	
EMAIL			

Notification:

I request that NWSA communicate with me via: Postal Mail Email

For which examination(s) are you requesting test accommodations?

SECTION B. NATURE OF DISABILITY

Indicate the nature of your disability, the year it was first professionally diagnosed, and the date of your most recent evaluation. (Select all that apply):

Disability:

- Vision
- Physical
- ADHD
- Learning
- Psychological
- Hearing
- Other (Specify: _____)

First diagnosed: _____

Most recent evaluation: _____

SECTION C. PREVIOUS ACCOMMODATIONS

Have you previously received test accommodations? Yes No

If yes, provide name of examination, test date, and accommodations received:

Have you previously received educational accommodations? Yes No

If yes, provide name of school, applicable dates, and accommodations received:

Have you previously received workplace accommodations? Yes No

If yes, provide name of employer, applicable dates, and accommodations received:

SECTION D. ACCOMMODATIONS YOU ARE REQUESTING

Select all that apply:

- Additional time (Specify amount: _____)
- Additional/extended breaks (Specify: _____)
- Reader to read test items and record responses
- Sign language interpreter (for spoken directions and candidate questions only)
- Trackball mouse
- Enlarged font
- Other equipment or accommodation (Please explain: _____)

SECTION E. PERSONAL STATEMENT

Please describe how your disability impacts your daily life. Attach additional pages if necessary.

SECTION F. AUTHORIZATION

By signing below, I attest that the information I have provided on this application is accurate, true, and correct to the best of my knowledge. I agree to and authorize the release of this information requested to NWSA for use in determining eligibility for the requested accommodation in testing. I understand that NWSA reserves the right to verify any and all information in my application.

Therefore, I understand and agree that my failure to provide accurate, true, and correct information shall constitute grounds for rejection of my request for this accommodation in testing.

Signature: _____ Date: _____

Your request will be reviewed upon receipt of all relevant materials as described above. You will receive a decision by written notification from NWSA. For reasons of confidentiality, information regarding the granting or denial of test accommodations will not be released by telephone.

If you have any questions, please contact NWSA Disability Services at 703-459-9211 or www.nws-a.org.