



ALABAMA BOARD OF EXAMINERS  
IN PSYCHOLOGY

www.psychology.alabama.gov

100 N. Union St., Ste. 880 | (334) 242-4127 MAIN  
Montgomery, AL 36104 | (334) 242-4411 FAX

Email: [albdpsychology@psychology.alabama.gov](mailto:albdpsychology@psychology.alabama.gov)



**ADA EXAMINATION ACCOMMODATION REQUEST**

The Americans with Disabilities Act (ADA) requires that reasonable and necessary accommodations be provided to qualified individuals with disabilities. This law defines disabilities as physical or mental impairments that substantially limit one or more of a person's major life activities (e.g., walking, hearing, speaking, seeing, reading, or writing). The Alabama Board of Examiners in Psychology will provide reasonable and appropriate accommodations to qualified candidates who have documented disabilities and who demonstrate a need for accommodation during examination(s).

To support a request for test accommodation(s), please complete and mail this form to the Board Office. Also, provide current (not more than 3 years old) written supporting documentation from a qualified health professional which addresses the issue(s) listed below.

Name: \_\_\_\_\_

***TO BE COMPLETED BY THE APPLICANT / TEST CANDIDATE:***

1. Specifically identify the physical or mental disability that you believe requires this accommodation. Attach additional documentation as needed.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Specifically describe the accommodation you seek.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

By submission of this request on this, the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, I acknowledge I am requesting accommodation(s) based upon documented need.

The undersigned, being sworn, deposes and says that the statements contained herein are true in every respect and that he/she has not suppressed any information that might affect this request.

\_\_\_\_\_  
Signature

**TO BE PROVIDED BY A QUALIFIED HEALTH PROFESSIONAL:**

1. Include a statement of the specific diagnosis of the disability.
2. Cite the diagnostic criteria and tests given, with dates, results and interpretations. Cite how the results support the diagnosis.
3. Describe the candidate's functional limitations due to the disability, and the impact of those limitations on physical, perceptual and cognitive abilities.
4. Recommend specific accommodation(s) and for each accommodation, provide a rationale as to how it will reduce the impact of the functional limitation(s).
5. State your professional credentials, training, work experience and any licenses you hold that support your qualifications to diagnose and/or treat this candidate's disabilities.
6. If no prior accommodations have been made for this candidate explain why. If accommodations have been made in the past, state what was done and provide past documentation of prior accommodations.