

**ALABAMA BOARD OF EXAMINERS IN PSYCHOLOGY**

100 N Union Street, Suite 880  
Montgomery, AL 36104  
(334) 242-4127 Phone | (334) 242-4411 Fax  
Email: [psychology.board@psychology.alabama.gov](mailto:psychology.board@psychology.alabama.gov)  
[www.psychology.alabama.gov](http://www.psychology.alabama.gov)

**CONFIDENTIAL  
INFORMATION**

**ACCOMMODATION REQUEST FORM  
PSYCHOLOGIST EXAMINATION**

The information requested below and any documentation regarding your disability and your need for accommodation in testing will be considered a confidential record and will not be shared with any outside source without your express written permission, unless release is ordered by a court of competent jurisdiction, or otherwise authorized by law.

Applicant Name:	First:	MI:	Last:
Address:	Street/PO/Route:		
	City:	State:	Zip:
Name of Examination: (EPPP and/or PSE)			
Telephone Number:		Date of Examination:	
Specify Disability / Disabilities:			

The following are the types of Accommodations that may be requested.  
Please check all that apply.

Accommodation List	Accommodation Description
<input type="checkbox"/> Adjustable Contrast	The display of the contrast on the monitor can be adjusted so that the exam questions are displayed in a higher or lower contrast via different colors for text and background.
<input type="checkbox"/> Adjustable Work Station	The candidate can adjust the height of the workstation to improve access to the screen, keyboard, and mouse.
<input type="checkbox"/> ASL interp directions	A sign language interpreter will be present to interpret any directions read to candidates and to facilitate communication with test center staff. The interpreter may not answer any content-related questions.

<input type="checkbox"/> Bag Lunch/Snack/Beverage	Candidate is permitted to access bag lunch/snack/beverage. <b>NOTE: If a candidate needs a separate room to eat lunch, please also include "Separate Room" in your accommodation as an additional request.</b>
<input type="checkbox"/> Candy/Snacks	Candidate may bring and have access to unwrapped hard candy in a clear plastic bag.
<input type="checkbox"/> Extra Time - 1 hour	Increases the amount of time for completing the exam by 1 hour.
<input type="checkbox"/> Extra Time - Time and 1/2	Increases the amount of time for completing the exam by 50% the original time.
<input type="checkbox"/> Extra Time - 30 minutes	Increases the amount of time for completing the exam by 30 minutes.
<input type="checkbox"/> Extra Time - Double Time	Doubles the amount of time for completing the exam.
<input type="checkbox"/> Frequent/Extended Breaks	This candidate has a testing accommodation for frequent and/or extended breaks. The exam clock will continue to run.
<input type="checkbox"/> Glucose meter	Candidate may bring a glucose meter and keep in the locker for easy access.
<input type="checkbox"/> JAWS (TTS)	This exam appointment requires that special screen-reader software JAWS be installed.
<input type="checkbox"/> Other	A non-standard accommodation is requested. <b>NOTE: Please use extra time to cover any additional breaks AND DO NOT USE "OTHER" IN THE DROP LIST.</b>
<input type="checkbox"/> Separate Room	The exam must be delivered in a private room. The Pearson Professional Centers refer to this as the Accommodations Room.
<input type="checkbox"/> Separate Room and Lip Speaker	A lip speaker may assist the candidate. The exam must be delivered in a private room.
<input type="checkbox"/> Separate Room and Reader	A reader may assist the candidate. The exam must be delivered in a private room. The Pearson Professional Centers refer to this as the Accommodations Room.
<input type="checkbox"/> Separate Room and Reader/Recorder	A Reader and Recorder are approved to assist the candidate. The exam must be delivered in a private testing environment.
<input type="checkbox"/> Separate Room and Recorder	A recorder may assist the candidate. The exam must be delivered in a private room. The Pearson Professional Centers refer to this as the Accommodations Room.

<input type="checkbox"/> Separate Room and Service Animal	The candidate is allowed to bring his/her service animal into the testing room. The exam must be delivered in a private room. The Pearson Professional Centers refer to this as the Accommodations Room..
<input type="checkbox"/> Separate Room and Sign Lang Interpreter	A sign language interpreter may assist the candidate with communicating with the Test Administrator (TA). The exam must be delivered in a private room. The Pearson Professional Centers refer to this as the Accommodations Room.
<input type="checkbox"/> Trackball Mouse	The candidate is allowed to use a trackball mouse.
<input type="checkbox"/> Water Bottle	You may bring and have access to a water bottle during testing. Water must be in a spill-proof sports-type bottle with a spout and is subject to inspection by the proctor.
<input type="checkbox"/> ZoomText (Screen Mag Only)	This exam appointment requires ZoomText with screen magnification capability be installed. <b>NOTE: If you select the ZoomText accommodation, you MUST also use the Font dropdown box on the exam.</b>

Other (specify): \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Note: Until Accommodations are approved by the Alabama Board of Examiners in Psychology, Candidates can not be scheduled for the EPPP.

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**CONFIDENTIAL  
INFORMATION****DOCUMENTATION OF DISABILITY RELATED NEEDS**

If you have a learning disability, a psychological disability, or other hidden disability that requires an accommodation in testing, please have this section completed by an appropriate professional (education professional, doctor, psychologist, psychiatrist) to certify that your disabling condition requires the requested test accommodation.

IF YOU HAVE EXISTING DOCUMENTATION OF HAVING THE SAME OR SIMILAR ACCOMMODATION PROVIDED TO YOU IN ANOTHER TEST SITUATION, YOU MAY SUBMIT SUCH DOCUMENTATION INSTEAD OF HAVING THIS PORTION OF THE FORM COMPLETED.

I have known \_\_\_\_\_ since \_\_\_\_\_  
(test applicant) (date)

in my capacity as a \_\_\_\_\_  
(professional title)

The applicant has discussed with me the nature of the test to be administered. It is my opinion that because of this applicant's disability, he/she should be accommodated by providing the following: (check all that apply)

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☐ ZoomText (Screen Mag Only)

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Other (specify): \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

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

Title: \_\_\_\_\_

License # (if applicable): \_\_\_\_\_