



Request from Examinee Previously Granted NCCCO Testing Accommodations

Use this application **ONLY** if you were previously approved by NCCCO for testing accommodations and the approval was more than three (3) years ago.

SECTION A. BIOGRAPHICAL INFORMATION

FULL LEGAL NAME	First	Middle	Last	Suffix (Jr., Sr., III)
DATE OF BIRTH	CCO CERTIFICATION NUMBER (IF AVAILABLE)		CANDIDATE ID (IF AVAILABLE)	
MAILING ADDRESS				
CITY	STATE	ZIP	COUNTRY	
PHONE (HOME)	PHONE (CELL)	EMAIL		
I request NCCCO communicate with me via: <input type="checkbox"/> Postal mail <input type="checkbox"/> Email				

SECTION B. NATURE OF DISABILITY

Please list the nature of the disabling impairment for which you require testing accommodations under the *Americans with Disabilities Act of 1990* as amended.

- Vision
- Hearing
- Physical Impairment
- ADHD
- Learning/Reading Disorder
- Psychological/Psychiatric/Neurological
- Other (Specify: _____)

SECTION C. PREVIOUS TESTS REQUIRING ACCOMMODATIONS

Please indicate all standardized tests and examinations you have taken within the last three years, the date of each examination, the accommodations provided, if any, and the pass/fail status. **Please provide documentation/verification of test accommodations.**

Examination	Date(s)	List Accommodation Provided	Pass/Fail

SECTION D. TRAINING REQUIRING ACCOMMODATIONS

Please indicate any educational, training, or certification programs you have completed within the last three years, the dates, and the accommodations provided, if any. *Please provide documentation/verification of any accommodations provided.*

Training/Certification Program	Date(s)	Accommodation Provided

SECTION E. WORKPLACE ACCOMMODATIONS

Please indicate your last three (3) employers, the dates of employment, and the workplace accommodations provided, if any. *Please provide documentation/verification of workplace accommodations.*

Employer	Date(s)	Accommodation Provided

SECTION F. ACCOMMODATIONS YOU ARE REQUESTING

Select all that apply:

- Reader to read test items
- Scribe to record responses
- Additional time (Specify amount: _____)
- Additional/extended breaks (Specify: _____)
- Separate testing room
- Enlarged font
- Other equipment or accommodation (Please explain: _____

_____)

SECTION G. PERSONAL STATEMENT

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

Please describe how your disability currently impacts your ability to take the examination. *Attach additional pages if necessary.*

SECTION H. HEALTH PROVIDER ATTESTATION

Please have your doctor or mental health provider verify your disabling condition and need for testing accommodations. This formal letter, report, or other appropriate provider record(s) must detail the following:

1. Identifies the disabling physical or mental condition that requires a testing accommodation and details the current or continuing signs, symptoms, and abnormal test or laboratory findings (if completed) caused by the condition.
2. Provides a detailed description of current or residual functional limitations in major life activities. Major life activities include, but are not limited to, activities like seeing, hearing, speaking, reading, writing, concentrating, thinking, working, learning, etc.
3. Recommends specific testing accommodations, and explains in detail why each is currently needed.
4. Qualified professional's license and contact information:
 - a. Type of license, date issued, and expiration date
 - b. License number
 - c. State or other jurisdiction in which license is issued
 - d. Name, address, business phone contact, email address

SECTION I. ATTESTATION AND 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 hereby authorize the release of the above-referenced information to NCCCO for use in determining eligibility for the requested accommodation in testing. I understand that NCCCO reserves the right to verify any and all information in my application. I further 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: _____

Send your completed Request from Examinee Previously Granted NCCCO Testing Accommodations and supporting documentation to NCCCO via email or mail at least four (4) weeks prior to your testing date, to:

National Commission for the Certification of Crane Operators
ATTN: Disability Services
2750 Prosperity Avenue, Suite 505
Fairfax, VA 22031
info@nccco.org

Your request will be reviewed upon receipt of all relevant materials as described above. You will receive a decision by written notification from NCCCO. 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 NCCCO Disability Services at 703-560-2391 or info@nccco.org.