



ADA ACCOMMODATION REQUEST FORM

International Code Council (ICC)
900 Montclair Road
Birmingham, AL 35213-1206
Phone 888-ICC-SAFE (422-7233) X5552
appeals@iccsafe.org



Please allow 7 - 10 business days to process application.

If you have a disability covered by the Americans with Disabilities Act (ADA) and would like to request a testing accommodation for a Proctored Online Remote Testing Option (PRONTO) examination, please complete Section 1 below and have a qualified professional (i.e., a licensed or properly credentialed education professional, psychologist, or medical doctor with expertise in the disability for the accommodations sought,) with current knowledge of your disability complete Section 2 below to certify that your disability requires testing accommodation.

NOTE: To request ADA Accommodations at a PearsonVUE testing facility, please call 800-466-0450 or email accommodationspearsonvue@pearsonvue.com

As provided in Section 3 below, please also have this professional attach a letter detailing the specific nature of your disability as it relates to the request and the reasons for requesting the accommodation. The letter must be written on the professional's letterhead, must have an original signature, and must be dated no more than three (3) years prior to this application. (If you have existing documentation of having the same or similar accommodation provided to you in another testing situation, you may submit such documentation instead of having the Section 3 portion of this form completed.) YOU MUST SEND IN THIS REQUEST FORM WITH EVERY EXAM APPLICATION/ADMINISTRATION.

If any of the items are not completed and included, your request will not be processed. DO NOT ATTEMPT TO TEST UNTIL YOU HAVE RECEIVED OFFICIAL CONFIRMATION FROM ICC.

SECTION 1 - To be completed by candidate
PLEASE TYPE OR PRINT CLEARLY - ATTACH ADDITIONAL PAGES IF NECESSARY

Name: \_\_\_\_\_
Address: \_\_\_\_\_
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
E-mail: \_\_\_\_\_
Phone: \_\_\_\_\_

For which examination are you requesting assistance? \_\_\_\_\_

Nature of disability: \_\_\_\_\_

ADA accommodation requested: \_\_\_\_\_

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 information requested to ICC for use in determining eligibility for the requested accommodation in testing. If the information provided is not sufficient to evaluate the request, I authorize ICC to obtain additional information from the professional who completes the documents on my behalf related to this request and/or those entities who have provided test accommodations in the past. In addition, I authorize that professional and/or entities to provide additional information to ICC if necessary for evaluating the appropriateness of my requested accommodation in testing. I understand that ICC 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: \_\_\_\_\_



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SECTION 2 - To be completed by healthcare professional

PLEASE TYPE OR PRINT CLEARLY - ATTACH REQUIRED DOCUMENTATION

I have known \_\_\_\_\_ since \_\_\_\_\_
(Full name of candidate) (Date)

In my role as a \_\_\_\_\_
(Professional title)

I have attached a copy of my professional credentials.

I certify that I have discussed the nature of the test to be administered by the International Code Council (ICC) with the above-named candidate, and it is my opinion that because of this applicant's disability, he/she should be accommodated by providing the following (check all that apply):

- Reader
Scribe/amanuensis
Extended time:
Time-and-a-half
Other time limit (specify time limit)
Other (please specify)

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

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

Title: \_\_\_\_\_ License # and State: \_\_\_\_\_

E-mail: \_\_\_\_\_

Phone #: \_\_\_\_\_



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### **SECTION 3 – To be completed by a qualified professional**

Please attach a letter detailing the specific nature of the candidate's disability as it relates to the request and the reasons for requesting the accommodation. The letter must be written on your professional letterhead, must have an original signature, and must be dated no more than three (3) years prior to the application.