

ADA ACCOMMODATION REQUEST FORM

If you have a disability covered by the Americans with Disabilities Act of 1990 (ADA) and would like to request an accommodation in testing, please complete Section 1 below and have an appropriate professional (educator, doctor, psychologist, psychiatrist) with current knowledge of your disability complete Section 2 below to certify that your disability requires the requested test accommodation.

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 original signature. If you have existing documentation of having the same or similar accommodation provided to you in another testing situation, you may submit such documentation as compliance with the requirements in Section 3.

This form must be completed in its entirety in order for your request to be processed. Please submit this request within 45 business days of the date you wish to test.

Note that there are surcharges for ADA accommodations.

All accommodations are subject to a service fee of \$50 in addition to the exam fee. Separate rooms require an additional \$50 fee on top of the service fee. Reader fees are a pass through to the client (estimated at approximately \$150 per hour).

Section 1 (To be completed by Applicant)
Please type or print clearly

Name _____

Social Security Number (last 4 digits) _____

Address _____

City _____ State _____ Zip Code _____

Disability _____

ADA Accommodation(s) 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 the information requested to NRMLA for use in determining eligibility for the requested accommodation in testing. If the information provided is not sufficient to evaluate the request, I authorize NRMLA to request additional information from the professional who completes the documents on my behalf. In addition, I authorize that professional to provide additional information if necessary to evaluate the appropriateness of my requested accommodation in testing. I understand NRMLA reserves the right to verify any and all information in my application, this request, or in connect with my certification. I understand and agree that failure to provide accurate, true and correct information shall constitute grounds for rejection of my application, request for this accommodation in testing, or denial or revocation of my certification.

Signature _____ Date _____

Section 2 (To be Completed by Appropriate Professional)
Please Type or Print Clearly

I have known _____ since _____
(full name of candidate) (date)

In my role as a _____
(professional title)

The candidate has discussed with me the nature of the certification examination to be administered. It is my opinion that because of this candidate's disability as detailed on the attached letter, he/she should be accommodated by providing the following: (please check all that apply)

- Reader
- Scribe
- Extended time
 - Time-and-a-half
 - Double time
 - More than double time (please justify)
- Separate testing area
- Use of computer or other adaptive equipment
(please specify) _____
- Other (please specify) _____

Name _____

Signed _____ Date _____

Title _____

License# & State _____

Organization _____

Address _____

City _____

Phone _____ Fax _____

Email _____

Section 3 (To be completed by Appropriate 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 and must have an original signature. This letter may not be dated longer than 5 years prior to this application.

Please mail all materials to:

National Reverse Mortgage Lenders Association (NRMLA)
1400 16th Street, NW
Suite 420
Washington, DC 20036
Ph: 202-939-1760

Note: NRMLA does not accept applications and/or requests for accommodations by fax or e-mail.