

**ADA ACCOMMODATION
REQUEST APPLICATION**

FOR OFFICE USE ONLY
Approve: _____ Date: _____

STATE BOARD OF TAX PRACTITIONERS
3218 Pringle Road SE #120 ~ Salem, Oregon ~ 97302
Phone: 503-378-4034 Fax: 503-378-3575 E-mail: tax.bd@state.or.us Website: www.oregon.gov/OTPB

The information requested below and any documentation regarding your disability and your need for special arrangements or accommodation(s) for examination will be considered strictly confidential and will not be shared without your express written permission.

1

TO BE COMPLETED BY THE APPLICANT:
PLEASE PRINT OR TYPE

"LEGAL NAME" Last		First	Middle
Mailing Address:			
City:	State:	Zip Code:	County:
Residence Phone No.:		Business Phone No.:	
Fax:		E-Mail:	

Please provide the Board of Tax Practitioners with your current e-mail address to assure receipt of Board information.

Signature of Applicant

Date

**DOCUMENTATION OF DISABILITY
RELATED NEEDS**

2

TO BE COMPLETED BY AN APPROPRIATE PROFESSIONAL:
(Physician, psychologist, psychiatrist, education professional)

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

Disability Type: _____

3

PLEASE CHECK ALL THAT APPLY:

- Reader as accommodation for a visual impairment
- Scribe/amanuensis as accommodation for visual or motor impairment
- Reader as accommodation for learning disability
- Scribe/amanuensis as accommodation for learning disability
- Separate testing area
- Other (Please Specify): _____

EXTENDED TIME NEEDED:

Current time allowed: 5 hours – Consultant & Preparer Exams; 1.5 hours – Consultant State Only Exam

Total time needed: _____

4

PLEASE PRINT:

Professional Title: _____ License Number: _____

Name: _____ Phone: _____

Signature (Professional): : _____ Date: _____