Oregon Health Licensing Agency

700 Summer St. NE, Suite 320
Salem, OR 97301-1287
(503) 378-8667
TTY: (503) 373-2114
Fax: (503) 370-9004
Web Site: http://www.oregon.gov/OHLA
E-Mail: ohla.info@state.or.us

ACCOMMODATION REQUEST FORM

The information requested below and any documentation regarding your disability and your need for special arrangements or accommodation in testing will be considered strictly confidential and will not be shared with any outside source without your express written permission.

***To be completed by the Applicant**:*

Name: _____
First Middle Last

Address: _____
Street City State Zip Code

Telephone: _____ Social Security #: _____

Accommodations requested for the following examination:

o Denture Technology: o Written o Practical

o Electrology: o Written o Practical

o Hearing Aid Specialist: o Written o Practical

o Environmental Health: o Written o Practical

o Cosmetology: o Barbering o Hair Design o Esthetics o Nail Technology

o Permanent Color/ Tattooing

Signature: _____ Date _____

If you have a learning disability, a psychological disability, or a disability that requires an accommodation in testing. Please have the section on the reverse side of this document completed by an appropriate professional (education professional, doctor, psychologist, psychiatrist) and submit with supporting documentation 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 completing this form.

(see reverse side ✍)

DOCUMENTATION OF DISABILITY RELATED NEEDS

To be completed by the appropriate professional (education professional or health care provider):

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)

(Check all that apply)

- ❑ Reader as accommodation for visual impairment
- ❑ Scribe / amanuensis as accommodation for visual or motor impairment
- ❑ Reader as accommodation for learning disability
- ❑ Scribe / amanuensis as accommodation for learning disability
- ❑ Sign language interpreter
- ❑ Use of computer or other adaptive equipment (Please Specify):_____
- ❑ Separate testing area
- ❑ Other (please specify):_____
- ❑ Extended time ❑ Time-And-A-Half
- ❑ Double Time ❑ More Than Double Time (please justify):

Professional Title_____ License Number _____
Please Print

Name _____
Please Print

Business Address _____
Street City State Zip Code

Business Phone _____

Signature _____ Date _____