

**Request for Disability Accommodation**

If you have a disability requiring appropriate accommodations in taking the state examination, be sure to complete this form along with the application. **In addition, please attach a statement on letterhead stationery from a professional who is familiar with your disability.** This statement must describe the disability for which you require accommodation.

1. Do you have any disability-related needs that we should be made aware of in order to provide appropriate accommodations for the examination? If the answer is yes, please specify.

Disability

\_\_\_\_\_  
\_\_\_\_\_

2. Have you had any prior accommodations for your disability in an examination setting? If you answer **Yes**, specify the type of accommodation. Have a professional familiar with your disability complete this information, if needed.

Disability

Type of Test Accommodation

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

3. If you have **NOT** had prior accommodation for a test, what do you feel would aid you in taking the examination? If you cannot answer this question by yourself, have a professional who knows your disability and the type of accommodation you need help answer this question. This professional could be a physician, psychologist, rehabilitation counselor, or other professional.

Disability

Type of Test Accommodation

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Please sign and date the bottom of this form. Make sure the professional who helps you complete the form also signs and dates this form. **Be sure to submit a statement on letterhead stationery from a professional who is familiar with your disability.**

\_\_\_\_\_  
Signature (Applicant)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature (Professional)

\_\_\_\_\_  
Date

*Mail correspondence (no fees enclosed) to:*  
Massage Therapy Licensing Program  
Texas Department of State Health Services MC-1982  
**1100 West 49th Street  
Austin, Texas 78756-3199**