



## NPTAA Accommodation Request Form

Please complete this form after you have created your NPTAA account and scheduled your exam date.

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Region: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

### Requesting accommodations for the following exam(s):

- |  |  |
|--|--|
| <input type="checkbox"/> Patient Care Technician (PCT)/Associate (PCA) | <input type="checkbox"/> Assistant (CMA)                   |
| <input type="checkbox"/> Phlebotomy Technician                         | <input type="checkbox"/> Surgical Technician               |
| <input type="checkbox"/> Electrocardiograph Technician (EKG)           | <input type="checkbox"/> Physical Therapy Aide             |
| <input type="checkbox"/> Certified Registered Medical                  | <input type="checkbox"/> Pharmacy Technician (CPHT)        |
|  | <input type="checkbox"/> Medical Biller & Coder Specialist |

Please provide your registered NPTAA exam date below:

MM/DD/YYYY

*\*If you are planning a test through Live Remote Proctoring (LRP), please note the only accommodation that may be granted is extended time. All other possible accommodations considered would need to be administered through either a Kryterion testing location or through an onsite test administration at your institution.*

**Please complete this form and attach the following documentatio@NPTAA.comn in an email to [support@NPTAA.com](mailto:support@NPTAA.com) in order for NPTAA to review your request:**

1. An IEP or acceptable 504 plan (please note that you must submit the IEP/504 in its entirety)

**or**

2. A letter from a qualified professional (i.e. - medical doctor, psychiatrist, etc.) who can provide a diagnosis of your medical condition or disability. Mental/emotional diagnosis must be accompanied by a DSM classification code.
  - a. The professional must provide a brief explanation of how your diagnosis prevents you from taking the exam under standard conditions.
  - b. If this is not a permanent diagnosis, the professional should include the first date diagnosis, approximate duration and method used to make the diagnosis.
  - c. The professional must list the specific accommodations required.
  - d. The letter must be on the professional's letterhead, signed and dated by the professional.

**Attestation:** These statements are true and accurate to the best of my knowledge. I understand that these statements may be used in all phases of NPTAA's investigations and administrative procedures:

**Signature**

**Date**

\*Once completed, email this form and all supporting documents to [info@NPTAA.com](mailto:info@NPTAA.com)