ACG CxA Request for Exam Accommodations Form

The CxA Certification Council will provide reasonable and appropriate accommodations in accordance with the Americans with Disabilities Act (ADA) for individuals with documented disabilities who request and demonstrate the need for accommodation. Please submit this form so it is received by the ACG Certification Department at least 30 days in advance of the test date (for local test centers and ACG events), and provide the required documentation if requesting an accommodation.

Once the request for an accommodation is received and reviewed, the applicant may be contacted to obtain additional information. The Certification Council will determine the feasibility of any accommodation, including the specific accommodation requested by the applicant/participant, taking into account all relevant circumstances including, but not limited to: the nature of the documented disability; the nature of the accommodation; and the accommodation's impact on the certification examination.

Applicant Information

First Name | Middle Initial/Name | Last Name

Street Address/PO Box

City | State/Province | Zip/Postal Code

Country | Personal Email Address (required)

Home Phone Number (with area code) | Mobile Phone Number (with area code)

Special Testing Accommodations

I request special accommodations as follows (check all that apply):

- ☐ Special seating or other physical accommodation (please specify):
- ☐ Extended testing time (please specify amount of time):
- ☐ Other (please describe):

Signature | Date

Request for Accommodations, contd.

Professional Evaluation

Professional evaluation must have been made no earlier than three (3) years prior to application

I have evaluated _____ on _____ in my capacity as a _____.
I have been informed of the nature of the examination to be administered. It is my opinion that because of this candidate's disability as described below he/she should receive the special testing accommodations requested above.

Description of disability (please attach supporting documentation):

Documentation of the requested accommodation must include documentation of need provided by an appropriate, licensed medical doctor, healthcare practitioner or other relevant professional on the professional's letterhead. The documentation must include the candidate's name and address as well as the diagnosis of the disability, history of previous accommodations, and specific request(s) for accommodations.

Professional's Name | Credentials

Street Address/PO Box

City | State/Province | Zip/Postal Code

Professional License # and State of Issue | Email Address (required)

Professional's Signature | Date

Submit this form to: Attention: Certification Department

AABC Commissioning Group
2401 Pennsylvania Ave. NW, Suite 330
Washington, DC 20037
Phone 202.737.7775
Fax 202.638.4833
certification@commissioning.org
www.commissioning.org