



Request for Special Examination Accommodations

If you have a disability covered by the Americans with Disabilities Act, please complete this form and the Documentation of Disability-Related Needs on the reverse side so your examination accommodations can be processed efficiently. The information you provide and any documentation regarding your disability and your need for examination accommodations will be treated with strict confidentiality.

Candidate Information

Name (Last, First, Middle Initial, Former Name)

Mailing Address

City State Zip

Daytime Telephone Number

Special Accommodations

I request special accommodations for the CHRI examination.

Please provide (*check all that apply*):

- Special seating or other physical accommodation
- Reader
- Extended examination time (*time and a half*)
- Distraction-free room
- Other special accommodations (*Please specify*)

Comments

Signature: _____ Date: _____



Documentation of Disability-Related Needs

Please have this section completed by an appropriate professional (e.g., education professional, physician, psychologist, psychiatrist) to ensure that CHRI is able to provide the required examination accommodations.

Professional Documentation

I have known _____ since ____ / ____ / ____ in my capacity
Examination Candidate Date

Professional Title

The candidate discussed with me the nature of the examination to be administered. It is my opinion that, because of this candidate's disability described below, he/she should be accommodated by providing the special arrangements listed on the reverse side.

Description of Disability: _____

Signature: _____ Title: _____

Printed Name: _____

Address: _____

Telephone Number: _____

Date: _____ License # (if applicable): _____

Return completed form to:

NAHRI

E-mail: nahri@hcpro.com



National Association
of Healthcare Revenue Integrity