



State of Alaska  
Department of Commerce, Community and Economic Development  
Division of Occupational Licensing  
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Juneau, Alaska 99811-0806  
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**ACCOMMODATION HISTORY FOR CANDIDATES REQUESTING EXAMINATION ACCOMMODATION**

If you have had accommodations granted through educational facilities, Sections I through IV of this form must be completed by professional staff responsible for student services at the institution. This form documents the candidate's history of testing accommodation. You may copy additional forms if more than one institution granted accommodations.

**TO BE COMPLETED BY THE CANDIDATE (Please print or type all responses):**

**CANDIDATE INFORMATION:**

Full Name: \_\_\_\_\_

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

City, State, Zip Code, Country: \_\_\_\_\_

Daytime Telephone No. (with Area Code): \_\_\_\_\_



**Sections I through IV must be completed by the student disability professional.**  
(Please print or type all responses.)

**I. STUDENT DISABILITY PROFESSIONAL'S INFORMATION:**

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Institution: \_\_\_\_\_

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

City, State, Zip Code, Country: \_\_\_\_\_

Daytime Telephone No. (with Area Code): \_\_\_\_\_ Fax No. (with Area Code): \_\_\_\_\_

**II. CANDIDATE'S DISABILITY STATUS(Check all that apply):**

Deaf or hearing impaired

Psychological/psychiatric/mental disorder

Blind or vision impaired

Orthopedic/physical disability

Specific learning disability

Other health impairment

**III. ACCOMMODATIONS PROVIDED TO CANDIDATE IN THE EDUCATION SETTING:**

1. The following accommodations were provided for the candidate while a student at this institution (*check all that apply*):

- Large type for test booklet
- Reader (with separate room and proctor)
- Writer (to record answers)
- Sign Language Interpreter:  for opening instructions only       throughout testing period
- Separate room and proctor (not due to use of reader or sign interpreter)
- Extended time – specify amount of extended time: \_\_\_\_\_

Other accommodation(s): Specify – \_\_\_\_\_  
\_\_\_\_\_

2. Provide the dates (month/year) during which these accommodations were provided: \_\_\_\_\_  
\_\_\_\_\_

3. Testing accommodations were arranged for the student and monitored by:

- Office of Student and Disability Services
- Institution's Classroom Faculty
- Other: \_\_\_\_\_

**IV. DOCUMENTATION OF THE DISABILITY:**

This institution or the disabilities services office has on file (or had on file at the time of accommodations) documentation/diagnostic data confirming the candidate's disability.     Yes     No

**I certify that the information provided by me on this form is true and correct to the best of my knowledge. I authorize the State of Alaska to release the information provided to parties involved in providing the accommodations requested.**

SIGN HERE 

\_\_\_\_\_  
Signature of Student Disability Services Office Staff

\_\_\_\_\_  
Date

**This form MUST be submitted by the application deadline to the licensing program for which the applicant is applying:**

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