



REQUEST FOR SPECIAL EXAMINATION ACCOMMODATIONS



If you have a disability covered by the Americans with Disabilities Act, **please complete this form and provide the Documentation of Disability-Related Needs on the next page and submit both pages with your application at least 45 days prior to your requested examination date to the CBMT office.** The information you provide and any documentation regarding your disability and your need for accommodation in testing will be treated with strict confidentiality.

CANDIDATE INFORMATION

Date of Birth: _____

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

Mailing Address

City State Zip Code

Daytime Telephone Number Email Address

SPECIAL ACCOMMODATIONS

I am requesting the following special accommodations for the board certification examination in Music Therapy.

Please provide (check all that apply):

- Reader
- Extended testing time (time and a half)
- Reduced distraction environment
- Please specify below if other special accommodations are needed.

The following professional will be completing and sending my Documentation of Disability-Related Needs form to the CBMT Office:

Signed: _____ Date: _____

**Email this completed form to:
examdocs@cbmt.org. If you have questions, call the
CBMT office at 800-765-2268.**



DOCUMENTATION OF DISABILITY-RELATED NEEDS



Please have this form completed by an appropriate professional (education professional, physician, psychologist, psychiatrist) to ensure that CBMT is able to provide the required accommodations. *Documentation provided shall not be dated back more than five (5) years from your accommodation request date.*

PROFESSIONAL DOCUMENTATION

I have known _____ since ____ / ____ / ____ in my capacity as a
Candidate Name Date

My 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 below.

Signed: _____ Title: _____

Printed Name: _____

Address: _____

Telephone Number: _____ Email Address: _____

Date: _____ License # (if applicable): _____

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