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):

_____ Text-to-Speech Technology (TTS)
_____ 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. Please include a diagnosis.

_____

_____

_____

_____

_____

Signed:_____Title:_____

Printed Name:_____

Address: _____

_____

Telephone Number:_____ Email Address:_____

Date:_____ License # (if applicable):_____

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examdocs@cbmt.org. If you have questions, call the CBMT office at 800-765-2268.