



FITSI Certification Candidate Special Accommodation Request Form

Certification Candidates with religious considerations or disabilities covered by the Americans with Disabilities Act (ADA) can request special accommodations for their certification exam. Such accommodations include:

- Alternate testing date for religious reasons
- Wheelchair/walker accessibility
- Large type font
- Extra time
- Separate testing area
- Special seating

FITSI will make every attempt to provide the requested accommodation. FITSI utilizes third-party testing locations (for in-person testing) and may not be able to provide accommodations for all requests. Certification Candidates may be asked to change exam locations and testing dates – at their expense – for FITSI to meet requested accommodations. If there does not exist a location that can meet the Certification Candidate’s request, FITSI shall provide a full refund of all associated fees.

Certification Candidates seeking accommodation requests must complete this form and provide the appropriate documentation of the religious consideration or disability to FITSI. FITSI must have all documentation 30 calendar days before the scheduled exam date. Once FITSI has received the proper documentation, FITSI will consider the accommodations request. Certification Candidates will be notified at least ten calendar days before their exam date as to FITSI’s decision regarding this request.

Certification Candidate Information:

Name: _____

Email Address: _____ FITSI ID Number: (leave blank if unknown) _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Special Accommodations:

I request the following accommodations to take the FITSI certification exam.

Please check requested accommodation(s):

- Alternate testing date for religious reasons
- Wheelchair/walker accessibility
- Large type font. Point size _____
- Extended testing time (time and a half, 4.5 hours total)
- Separate testing area
- Special seating, please describe _____
- Other special accommodations (please specify):

Candidate Signature: _____

Request accommodations for testing on _____ (insert test date)

For Internal FITSI Use:

Approved _____ Denied _____ by _____ on _____