



**10. Documentation** (check one):

- I am requesting an alternative testing arrangement listed below because of a disability. Medical documentation is not required for the following accommodations:
  - Allowance of a medical device in the testing room
  - Use of a trackball mouse
  - Adjustable table
- I am requesting alternative testing arrangements other than those listed above because of a physical disability (e.g., visual or hearing impairment). Therefore, I have enclosed documentation as indicated in "Request Alternative Testing Arrangements."
- I am requesting alternative testing arrangements because of a disability other than physical (e.g., learning disability). Therefore, I have enclosed documentation as indicated in "Request Alternative Testing Arrangements."

**11. Previous Alternative Testing Arrangements** (check one):

- I have not previously been granted alternative testing arrangements for the CPACE.
- I was granted for a previous CPACE test date the same alternative testing arrangements as I am currently requesting.  
(Indicate the most recent CPACE test date: \_\_\_\_\_)
- I was granted for a previous CPACE test date different alternative testing arrangements from those which I am currently requesting.  
Please explain, including the CPACE test date:

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**12.** I hereby agree to abide by the conditions set forth on the current program website, including the Rules of Test Participation, and I certify that I am the person whose name and address appear on this form. I have completed my test registration and submitted correct payment. I am submitting, together with this completed Alternative Testing Arrangements Request Form, any required documentation as noted on the website. I understand that the information I provide, including any supporting documentation, may be shared with the CTC in order to process my request. I understand that I should submit my request and all necessary documentation as early as possible in advance of my desired test date. Because of space, staff, and time constraints, I may not be able to schedule a test appointment with accommodations in my preferred date range. I understand and agree that the accommodation I have requested herein will be given due consideration. If and to the extent that any such request is granted, I understand that I will be taking the test under alternative conditions.

Signature \_\_\_\_\_

Date \_\_\_\_\_