

# Exam Accommodations Request Form

Complete all information and sign the release statement at the end of this section. Make sure all sections are complete before submitting the form. PMI will review your documentation and let you know if any additional information is required.

_____	_____
ID#	Phone Number
_____	_____
First Name	Last Name
_____	_____
Date of Birth	E-Mail

**Release of Information:** I grant permission to school officials and my healthcare provider(s) to release my education-related records and/or my medical or psychological records to PMI and its designee solely for the purpose of reviewing my request for testing accommodations.

_____	_____
Candidate's Signature	Date

## SECTION 1: Requesting Special Accommodations: TO BE COMPLETED BY CANDIDATE

**Part 1. Accommodations** – Please indicate the exam accommodation(s) you are requesting.

- Extended Time (specify): \_\_\_\_\_
- Additional 10-minute break per testing hour (total: \_\_\_\_\_ min.)
- JAWS
- Other (specify): \_\_\_\_\_

\*Note: These accommodations are automatically approved with a private room to prevent distractions to other test-takers. Please note that a scribe and/or reader are only approved in circumstances where the applicant is unable to read or write independently, even with extra time.

**Part 2. Rationale** – Provide a specific rationale for each accommodation you are requesting.

Accommodation requested: \_\_\_\_\_  
Rationale: \_\_\_\_\_

Accommodation requested: \_\_\_\_\_  
Rationale: \_\_\_\_\_

Accommodation requested: \_\_\_\_\_  
Rationale: \_\_\_\_\_

Accommodation requested: \_\_\_\_\_  
Rationale: \_\_\_\_\_

**Part 3. Documentation Currency Guidelines** – Your documentation should provide evidence of current functioning and current limitations. PMI reserves the right to request more recent documentation if the individual’s condition is likely to have changed since the most recent professional evaluation.

- **Physical Disabilities & Chronic Health Conditions:**  
No more than **1 Year** prior to the anticipated date of the exam
- **Psychological & Psychiatric Disorders:**  
No more than **1 Year** prior to the anticipated date of the exam
- **Attention-Deficit/Hyperactivity Disorder:**  
No more than **3 Years** prior to the anticipated date of the exam
- **Learning and Other Cognitive Disorders:**  
No more than **5 Years** prior to the anticipated date of the exam

## SECTION 2: Documentation Guidelines

- I. Evidence of a **disorder**. *Note that simply naming the diagnosis will not be sufficient.*
  - ◆ Include the date(s) of the assessment by a qualified evaluator
  - ◆ Be printed on the evaluator’s letterhead
  - ◆ Be signed by the evaluator
  - ◆ Be current (see above)
  - ◆ Include a clear diagnosis and evidence that all diagnostic criteria for the disorder have been met
- II. Evidence that the disorder rises to the level of a **disability**. *Note that not all diagnosed conditions are disabilities.*
  - ◆ Provide objective evidence of a substantial limitation to a major life activity, such as seeing, hearing, reading, learning, or concentrating. *Simply naming the diagnosis will not be sufficient.*
  - ◆ Provide objective evidence of current functional limitations in areas such as employment, activities of daily living, or academic studies. If you are employed, you may provide documentation from your employer describing the accommodations you need at work.
- III. Provide a logical explanation for why you need accommodations in order to **access** the test. *Note that the purpose of accommodations is to allow individuals with disabilities an opportunity to access the test. The purpose is NOT to enhance performance, allow someone to “finish the test”, “reach their potential”, “demonstrate what they really know”, “pass the test”, or achieve any other specific outcome.*
  - ◆ If you have a condition that results in you having difficulty sustaining your attention over time, such as ADHD, and you are asking for a significantly longer exam, you must explain this inconsistency.
  - ◆ If you have a condition that leads to physical pain or other physical symptoms due to sitting for prolonged periods of time, and you are asking for a significantly longer exam, you must explain this inconsistency.
  - ◆ Your documentation must clearly describe why your requested accommodations are needed in order to access the test. That is, provide information on current functional limitations that are likely to affect your ability to access the PMI® exam under standard conditions.
- IV. Send this form and supporting documentation to PMI at: [Contact Us](#).