



Request for Testing Accommodations Form

To ensure equal opportunities for all qualified candidates, PTCBB will make reasonable testing accommodations when appropriate and consistent with legal requirements. PTCBB complies with the Americans with Disabilities Act of 1990 (ADA) and will consider requests for testing accommodations related to any PTCBB Exam from those with a documented disability that substantially limits the candidate's sensory, manual, speaking, or other functional skills. These limitations include a disability that significantly impairs the candidate's ability to arrive at, read, or otherwise complete the examination. Accommodations can include additional time to complete the exam or the use of approved auxiliary aids.

PTCBB requires each candidate requesting a testing accommodation to complete and submit this form to PTCBB within 30 days of submitting an exam application. You may find instructions for submitting the form in Section 8 of this document.

Section 1: Candidate Information	
Full Name	
PTCBB Account ID	
Home Address	
City, State, Zip, Country	
Telephone Number	
Email Address	
Exam Delivery Mode <i>(Select one)</i>	<ul style="list-style-type: none"> ● Test Center ● Online Proctored – <i>This option is not available for the Pharmacy Technician Certification Exam[®] (PTCE[®]). See Section 5 below.</i>

Sections 2-6 must be filled out by a **qualified professional**.

A qualified professional must be officially licensed or credentialed and have expertise related to the disability for which you are requesting an accommodation. The qualified professional is a physician or

other qualified professional who has individually assessed the candidate's disability. The qualified professional must provide the required information concerning the disability and the requested accommodation. All information provided will be considered confidential, including any documentation that the candidate provides regarding their disability and the need for accommodation(s).

Section 2: Qualified Professional Providing Diagnosis	
Professional's Full Name	
Business Address	
City, State, Zip, Country	
Telephone Number	
Email Address	
Professional Title (e.g., Medical Doctor, Licensed Psychologist)	
License Number and State Issuing License	
Professional Credential and Organization Issuing Credential	

Section 3: Description of Disability	
Nature of the disability related to the accommodation request	
Reason for the requested accommodation	

History of diagnosis and results of professional evaluations	
Recommendation of the qualified professional	

The majority of testing accommodations must be fulfilled at a test center. If you plan to take your exam at a test center, select all requested accommodations from the list in Section 4. If you would like to schedule an online proctored exam, DO NOT complete Section 4; skip directly to Section 5.

TEST CENTER EXAMS

Certain medical or therapeutic equipment and supplies (e.g., diabetic testing equipment) are not allowed in the testing room unless requested as an accommodation. Review the complete [list of items](#) permitted in the testing room without an accommodation request.

Breaks may be taken at any time during the exam; however, the exam timer will continue to run during breaks. Therefore, extended time should be considered for candidates who require frequent or extended breaks related to their disability.

<p>For Test Center Exams Only</p> <p>IMPORTANT: If you plan to take your exam online, DO NOT complete this section and skip to Section 5.</p> <p>Section 4: Requested Test Center Accommodation(s) Select all requested accommodations.</p>		
• 1.5 x Exam Time	• Glucose Testing Supplies	• Separate Room and Recorder
• 2.0 x Exam Time	• Noise-Canceling Headphones	• Separate Room and Sign Language Interpreter
• Beverage	• Separate Room	• Separate Room and Snacks
• Colored Screen Overlays	• Separate Room and May Move Around	• Other (describe on next page)
• Earplugs	• Separate Room and May Read Aloud	

<ul style="list-style-type: none"> • Frequent/Extended Breaks 	<ul style="list-style-type: none"> • Separate Room and Reader 	
<p>If you selected "Other," please describe the requested accommodation. PTCB will make reasonable testing accommodations when appropriate and consistent with legal requirements.</p> <p>Description:</p>		

ONLINE EXAMS

No breaks may be taken during an online proctored exam.

<p>For Online Proctored Exams Only</p> <p>Section 5: Requested Online Proctored Exams Accommodation(s) (Limited) Select all accommodations being requested.</p>	
<ul style="list-style-type: none"> • 1.5 x Exam Time 	<ul style="list-style-type: none"> • Glucose Testing Supplies
<ul style="list-style-type: none"> • 2.0 x Exam Time 	<ul style="list-style-type: none"> • Waiver of Automation Tools

IMPORTANT

To ensure timely processing, please ensure both you and your qualified professional sign below.

<p>Section 6: Qualified Professional Signature</p>
<p>By signing below, I verify that the information provided on this form and in the attached accommodations plan and documentation (if any) is complete and accurate to the best of my knowledge.</p> <p>Signature of Qualified Professional _____</p> <p>Date: ____ / ____ / ____</p>

Section 7: Candidate Signature

By signing below, I verify that the information provided on this form and in the attached accommodations plan and documentation (if any) is complete and accurate to the best of my knowledge. I authorize the release and disclosure of diagnostic information by healthcare providers or other professionals who have such information, for the purpose of allowing PTCB to make a determination regarding my request for a testing accommodation. I understand that PTCB will employ reasonable methods to help ensure that the information provided to PTCB regarding my disability and request for accommodation is treated as confidential.

Signature of Candidate _____

Date: ____ / ____ / ____

Section 8: Submission Instructions

Submit your completed Request for Testing Accommodations form and any relevant documents within 30 days of submitting your exam application. You may submit your form in either of the following ways:

1. **Upload** your completed form to your online application or within your PTCB Account.
2. **Reply** to the email titled "Action Required: PTCB Application - Testing Accommodations Request" and attach the completed form.

PTCB will not review your application until the required documentation is received. After 30 days, candidates with incomplete applications will receive a refund minus an administrative fee of \$50.