



BROOKBUSH INSTITUTE

HUMAN MOVEMENT SCIENCE

Request for Testing Accommodations Form

Contact Email: support@brookbushinstitute.com

INSTRUCTIONS

Complete this form to request testing accommodations for the CPT Certification Examination.

Please submit this form along with any required supporting documentation to:
support@brookbushinstitute.com

Requests should be submitted at least thirty (30) days prior to the desired exam date, when possible.

CANDIDATE INFORMATION

Legal First Name: _____

Legal Last Name: _____

Email Address: _____

Phone Number (optional): _____

EXAM INFORMATION

Preferred Exam Delivery Method:

- Online (Remote Proctoring)
- In-Person (Test Center)
- No Preference

Desired Exam Date (optional): _____

ACCOMMODATION REQUEST

Requested Accommodation(s):
(Please describe the accommodation(s) you are requesting)

RATIONALE FOR REQUEST

(Explain why the accommodation is needed and how it relates to your functional limitation)

FUNCTIONAL LIMITATION(S) AND SUPPORTING DOCUMENTATION

(Describe your functional limitation(s) and list any documentation you are submitting)

DOCUMENTATION REQUIREMENTS

Supporting documentation may be required to evaluate your request. Documentation should:

- Be current and relevant
- Describe the functional limitation
- Support the requested accommodation(s)

Additional information may be requested if necessary.

CANDIDATE ATTESTATION

- I attest that the information provided in this request is true, complete, and accurate
- I understand that additional documentation may be required to evaluate this request
- I understand that submission of this request does not guarantee approval of accommodations

I understand that accommodations must be approved prior to scheduling the examination

SIGNATURE

Candidate Signature: _____

Date: _____

FOR OFFICE USE ONLY

Date Received: _____

Reviewed By: _____

Decision:

Approved

Denied

Additional Information Required

Notes:
