ICC CREDENTIALING

pronto ICC ONLINE EXAMS

ADA ACCOMMODATION REQUEST FORM

This form is for PRONTO exams only.

FL DBPR exam candidates,click here to apply with FL DBPR.

To submit an accommodation request at a Pearson VUE test center exam, click here.

If you have a disability covered by the Americans with Disabilities Act (ADA) and would like to request a testing accommodation for a Proctored Online Remote Testing Option (PRONTO) examination, please complete Section 1 below and have a qualified professional (i.e., a licensed or properly credentialed education professional, psychologist, or medical doctor with expertise in the disability for the accommodations sought,) with current knowledge of your disability complete Section 2 below to certify that your disability requires testing accommodation.

As provided in Section 3 below, please also have this professional attach a letter detailing the specific nature of your disability as it relates to the request and the reasons for requesting the accommodation. The letter must be written on the professional's letterhead, must have an original signature, and must be dated no more than three (3) years prior to this application. (If you have existing documentation of having the same or similar accommodation provided to you in another testing situation, you may submit such documentation instead of having the Section 3 portion of this form completed.)

YOU MUST SUBMIT A NEW ADA ACCOMMODATION REQUEST FORM EVERY THREE (3) YEARS.

If any of the items are not completed and included, your request will not be processed.
DO NOT ATTEMPT TO TEST UNTIL YOU HAVE RECEIVED OFFICIAL CONFIRMATION FROM ICC.

SECTION 1 – To be completed by candidate

PLEASE TYPE OR PRINT CLEARLY – ATTACH ADDITIONAL PAGES IF NECESSARY

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

E-mail: _____

Phone: _____

For which examination are you requesting assistance? _____

Nature of disability: _____

ADA accommodation requested: _____

_____

By signing below, I attest that the information I have provided on this application is accurate, true, and correct to the best of my knowledge. I agree to and authorize the release of information requested to ICC for use in determining eligibility for the requested accommodation in testing. If the information provided is not sufficient to evaluate the request, I authorize ICC to obtain additional information from the professional who completes the documents on my behalf related to this request and/or those entities who have provided test accommodations in the past. In addition, I authorize that professional and/or entities to provide additional information to ICC if necessary for evaluating the appropriateness of my requested accommodation in testing. I understand that ICC reserves the right to verify any and all information in my application. Therefore, I understand and agree that my failure to provide accurate, true, and correct information shall constitute grounds for rejection of my request for this accommodation in testing.

Signature: _____ Date: _____

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SECTION 2 – To be completed by healthcare professional

PLEASE TYPE OR PRINT CLEARLY – ATTACH REQUIRED DOCUMENTATION

I have known _____ since _____

(Full candidate name) (Date)

in my role as a _____.

(Professional Title)

I have attached a copy of my professional credentials.

I certify that I have discussed the nature of the test to be administered by the International Code Council (ICC) with the above-named candidate, and it is my opinion that because of this applicant's disability, he/she should be accommodated by providing the following (check all that apply):

_____ Screen Reader Software

- JAWS Screen Reading Software
- VoiceOver on Mac OS
- Narrator for Windows

_____ Reading aloud

_____ Additional time

_____ Screen Magnifier (extension-based applications are not supported)

_____ Food permitted

_____ Sit/Stand/Stretch as needed during exam

_____ Other (please specify below)

_____

_____

Name:_____

Signature:_____ Date:_____

Title:_____ License # and State:_____

_____

_____

Phone #: _____ E-mail: _____

Return the Completed form to:

appeals@iccsafe.org

International Code Council (ICC)
900 Montclair Road
Birmingham, AL 35213-1206
Phone 888- 422-7233 X5552

Please allow 7-10 business days for processing.

ADA Accommodations Request Form

SECTION 3 – To be completed by a qualified professional

Please attach a letter detailing the specific nature of the candidate's disability as it relates to the accommodation(s) requested and the reasons for requesting the accommodation(s). The letter must be written on your professional letterhead, must have an original signature, and must be dated no more than three (3) years prior to the application.

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Please allow 7-10 business days for processing.