



33900 8 Mile Road, Suite 101, Farmington, MI 48335

Tel: 734.522.2900 • Fax: 734.522.0900 • Email: info@nbc-his.com • Website: www.nbc-his.com

CANDIDATE ACCOMMODATION REQUEST FORM
for the National Board for Certification in Hearing Instrument Sciences (NBC-HIS)
National Competency Exam (NCE)

You are required to include supporting documentation from a qualified licensed professional who possesses expertise in the disability for which an accommodation is requested, and whose opinion is within their licensed scope of practice.

This documentation must be based on a personal evaluation performed by the licensed professional. In addition, this documentation should explain how your disability impacts a major life activity that affects your ability to take the National Competency Exam (NCE) or other similarly timed, standardized tests, and it must address how the requested accommodation is tailored to demonstrate your true aptitude or achievement level in taking the NCE.

You must submit the complete Accommodation Request Form along with the required supporting documentation prior to scheduling an examination appointment. NBC-HIS will conduct an individualized assessment of each request for special accommodation(s) based upon the documentation submitted by the candidate. The special accommodations assessment period is typically thirty (30) days after your candidate application is approved.¹ NBC-HIS will then notify the candidate whether his/her special accommodations request has been approved or denied. NBC-HIS will work with the candidate to schedule the exam with the approved accommodations.

Under the Americans with Disabilities Act (ADA) and the Accessible Canada Act (ACA), NBC-HIS is not required to provide accommodations that would fundamentally alter what the Examination is intended to test; jeopardize examination security; or result in an undue burden.

I. Candidate Information: Please Legibly Print or Type

Today's Date: _____
Month Day Year

First Name: _____ MI: _____ Last: _____

Company Name: _____

Address Line 1: _____ Address Line 2: _____

City: _____ Province/State: _____

Postal Code: _____ Country: _____

Primary Phone: _____ Fax Number: _____

Cell Phone: _____ Home Phone: _____

Last 4-Digit Social #: _____ Birth Date: _____
Month Day Year

Email Address: _____

Requested Test Dates²: _____ Requested Test Center: _____
Month Day Year U.S. State or Canadian Province

Testing Centers are listed at www.kryteriononline.com

¹ Please note that the submission of incomplete Accommodation Request Forms and/or incomplete supporting documentation will delay the assessment process, and will likely cause an accommodation request to be denied.

² Please provide three date choices at least sixty days from the time your accommodation application is submitted.



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II. Certification Statement

The information I have provided in support of my request for test accommodations is true and complete.

Signature: _____

Date: _____

Your request will not be processed without a signature.

III. Nature of Your Disability or Disabilities (Check all that apply and provide specific diagnosis and support documentation for each diagnosis.)

☐ Visual – Specific Diagnosis: _____ Date Diagnosed: _____

☐ Physical – Specific Diagnosis: _____ Date Diagnosed: _____

☐ Cognitive – Specific Diagnosis: _____ Date Diagnosed: _____

☐ Psychological – Specific Diagnosis: _____ Date Diagnosed: _____

☐ Hearing – Specific Diagnosis: _____ Date Diagnosed: _____

☐ Other – Specific Diagnosis: _____ Date Diagnosed: _____

Please describe your current functional limitation(s) & how each limitation(s) will affect your ability to take the *National Competency Exam (NCE)*:



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PLEASE SUBMIT THIS FORM TO THE NBC-HIS

IV. Accommodations

Test Accommodations: Please set forth the accommodation you are requesting:

Please note that Candidates with like accommodations may be tested in the same room.

V. Accommodations History

A. Did you receive accommodations or disabled-student services in elementary or secondary school?

☐ Yes ☐ Not Requested ☐ Denied ☐ N/A

B. Did you receive accommodations in college (undergraduate or graduate studies)?

☐ Yes ☐ Not Requested ☐ Denied ☐ N/A

C. Did you receive accommodations for any of the following standardized tests?

i. GED (U.S.) ☐ Yes ☐ Not Requested ☐ Denied ☐ N/A

ii. GED (CA) ☐ Yes ☐ Not Requested ☐ Denied ☐ N/A

iii. PSAT ☐ Yes ☐ Not Requested ☐ Denied ☐ N/A

iv. ACT ☐ Yes ☐ Not Requested ☐ Denied ☐ N/A

v. SAT ☐ Yes ☐ Not Requested ☐ Denied ☐ N/A

vi. GRE ☐ Yes ☐ Not Requested ☐ Denied ☐ N/A

vii. GMAT ☐ Yes ☐ Not Requested ☐ Denied ☐ N/A

viii. ILE ☐ Yes ☐ Not Requested ☐ Denied ☐ N/A



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Accommodations History Key

Yes = You were granted accommodations

Not Requested = You did not request accommodations

Denied = You were denied accommodations

N/A = You did not take the exam listed

- D. If you previously received testing accommodations, as indicated by checking “Yes” to any of the questions above, please provide verifying documentation of all accommodations received, if available.

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