National Registry of Food Safety Professionals

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HACCP ACCOMMODATION DOCUMENTATION FORM

If you have a learning disability, a psychological disability, or other disability that requires an accommodation for the exam, please have this form completed by an appropriate <u>licensed professional</u> (psychologist, physician or surgeon) to certify that your disabling condition requires the requested exam accommodation.

The information requested below and any documentation regarding your disability and your need for accommodations for the exam will be considered strictly confidential and will not be shared with any outside source without your express written permission.

Please type or print		REQUIRED FIELD Must be filled out by a licensed professional		
Candidate Name:		Professional Name:		
Driver's License No:		License No.:		
Address:		Title:		
City:		Phone:		
St:	Zip Code:	Date:		
Phone:		Signature:		
MUST SELECT ONE	E: REQUEST ACCOMODATIO	N FOR WHICH TYPE OF EXAM:		
□ Paper and Pencil		Pearson VUE Computer Based Testing Center		

REQUIRED FIELD: MUST BE FILLED OUT BY LICENSED PROFESSIONAL

Accessible Exam Site	Large Print						
□ Reader							
for visual impairmer	nt 🛛 Limited	Limited English Proficient of learning disability					
□ Scribe							
for visual impairmer	nt	for learning disability					
□ Extended time (please specify)							
Time and half (3 hrs) 🛛 🗆 Double tir	ne (4 hrs)	Other (specify	_hrsmins)			
Separate testing area							
Other Accommodations (specify)							

Accommodations requested for the Certified Food Safety Manager Certification Examination

Exam Site

I understand that I must forward all required paperwork with this document at least 30 days prior to my exam date in order to be processed.

Exam Date

Candidate Signature:

Date:

Please see the Candidate Information Bulletin for complete instructions. Return

completed form to National Registry of Food Safety Professionals

Fax: 407-352-3603, Email: compliance@nrfsp.com, mail: 7680 Universal Blvd, Suite 550, Orlando, FL 32819