



**Oklahoma Department of Environmental Quality
Land Protection Division/Radiation Management
Request for Disability Accommodation**

If you have a disability requiring accommodations in taking the industrial radiography examination, be sure to complete and submit this form with the examination application. In addition, attach a statement on letterhead stationery, from a professional who is familiar with your disability, which describes the disability and the type of accommodation needed. This professional could be physician, psychologist, rehabilitation counselor, or other professional.

1. Specify any disability-related needs that we should be made aware of in order to provide appropriate accommodations for this examination.

2. Have you had any prior accommodations for your disability in an examination setting? If you answer yes, specify the type of accommodation. Have a professional familiar with your disability complete this information, if needed.

| Disability | Type of Test Accommodation |
|------------|----------------------------|
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3. If you have NOT had prior disability accommodations for an examination, have a professional familiar with your disability specify the type of accommodations needed.

This form must be signed and dated by **BOTH** exam applicant and professional providing description of applicant disability and needed accommodations.

Applicant's Signature _____ Date _____

Professional's Signature _____ Date _____