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.

<table>
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<tr>
<th>Disability</th>
<th>Type of Test Accommodation</th>
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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.

____________________________________________________________________________________________________
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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