Certification Board of Cardiovascular Computed Tomography
Request for Special Exam Accommodations

The Certification Board of Cardiovascular Computed Tomography (CBCCT) in adherence to the Americans with Disabilities Act (ADA, 1990) provides reasonable and appropriate accommodations for disabled individuals who supply appropriate documentation. For details see the CBCCT policy on Special Accommodations visit www.cbcct.org and click on "About the Exams" and refer to Exam Policies.

An applicant may request a change in certification procedures or process due to disability, handicap or other reason, as long as the accommodation does not substantially or materially alter the examination format.

Applicants must complete this Request for Special Exam Accommodations form, or write a request on appropriate letterhead and submit it to the CBCCT office at the time of application. Medical documentation of specific needs must accompany the request. Evidence of receiving reasonable accommodations at the university level may also be supplied in support of the request but is not required.

The request must be specific as to the nature of the problem. The applicant is responsible for demonstrating that the request should be granted. The CBCCT will review the request and notify the applicant in writing of its determination at the time the candidate is notified of the approval status of his/her application.

The CBCCT will not pay any costs the applicant may incur in obtaining the required diagnosis and recommendation; however, the CBCCT will pay for any reasonable exam related accommodations that are provided to the candidate.

Please type or print:

Name: _____
Last First Middle Initial

Address: _____
Facility (if using work address)

_____
Street & Number Suite/Apt # City State Postal Code Country

Email: _____ Exam:

What is the disability that limits one or more of your major life activities (e.g., walking, hearing, speaking, seeing, reading, writing)? _____

Will this disability require special accommodation(s) in order for you to take the CBCCT examination?

❒ Yes ❒ No

If YES, describe the special accommodation(s) you request.

_____

_____

_____

_____

_____

What supplementary documentation are you submitting in support of this request?

❒ Letter from Physician ❒ Evidence of reasonable accommodations at the university level

❒ Other (describe)_____

Attestation:
I attest that the above information is true and accurate.

_____

Signature: Date: