CMP/CMP-HC Examination
Testing Accommodations Request Form

Events Industry Council complies with the Americans with Disabilities Act (ADA) of 1990, including changes made by the ADA Amendments Act of 2008 (ADAAA) and related regulations. To ensure equal opportunity for all qualified persons, EIC will make reasonable accommodations for applicants with disabilities. Applicants are responsible for any costs incurred in obtaining the required diagnosis and recommendation. Requests for testing accommodations are inherently individualized and considered on a case-by-case basis. Consequently, no single type of accommodation will necessarily be appropriate for all individuals with disabilities. The Events Industry Council also follows the ADA guidelines for international candidates.

1. Name: ____________________________________________________________________________
   First    Middle Initial    Last    Previous/Maiden Name

2. Address: __________________________________________________________________________
   Street Address

   City    State    Zip/Postal Code    Country

3. Telephone Number: _________________________

4. Email address: ______________________________________________________________________

6. Location where you intend to take the examination: ______________________________________
   City    State/Country

7. What is the disability that limits one or more of your major life activities? ___________________________________________________________________

8. Will this disability require testing accommodations in order for you to take the examination?
   □ Yes    □ No

9. If yes, please indicate the testing accommodation(s) requested.
   ● Extended Time: Standard Time + 50% (Total: 7 hours)
   ● Additional 30-minutes (Total: 4 hours) - * ESL candidates are eligible to receive an additional 30 minutes.
   ● Reader/Scribe
   ● Private Room
   ● Other (Please provide description) ____________________________

10. Written documentation supporting the accommodation you are requesting must meet the following criteria:
   ● Be documented on official letterhead from a licensed or certified health professional appropriate for diagnosing and treating the specific disability
   ● Include a recommendation for the specific accommodation with current and detailed documentation supporting the request
   ● Provide evidence that similar accommodations have been made for the applicant in other educational or testing situations or in employment settings, or describe why no such accommodation was made in the past but is now required
Additional Information

- EIC must approve any modification to the exam administration. Approvals are made on a case-by-case basis.
- In order to schedule an exam with testing accommodations, you must first receive approval from EIC. If you schedule your exam prior to receiving accommodations, your scheduled appointment will be cancelled and you will have to contact Prometric to reschedule.

When is it necessary to submit this form and supporting documentation?

- If this is the first time you are submitting a request, please send in the Testing Accommodations Request Form, along with supporting documentation at least 45 days prior to your intended test date.
- Please note that accommodations are good for one eligibility cycle (one year after your application is approved)
- Once your eligibility cycle expires, you will have to resubmit the testing accommodations form as well as supporting documentation.

By signing below, I hereby affirm that I have read, agree to and understand the information provided on this form. If the information provided in support of this application is not sufficient, I authorize the Events Industry Council to obtain additional information from the professionals who treated or evaluated my disability. I acknowledge and understand EIC reserves the right to make a final determination as to whether any requested accommodation is warranted and appropriate.

_____________________________________________                ______________________________________________
Applicant’s Signature                                          Date

Please email this form and supporting documentation to:          certification@eventscouncil.org