



Marriage and Family Therapist Credentialing  
 PO Box 47877  
 Olympia, WA 98504-7877  
 360.236.4700

## Accommodation Request

Please complete and submit this form with your application if you have a disability and require exam accommodation. The information requested below and any documentation regarding your disability and your need for accommodation in testing is considered strictly confidential and will not be shared with any outside source without your express written permission.

Name	First	Middle	Last
Address			
City	State	Zip Code	County
Phone (enter 10 digit #)		Social Security Number	
Accommodations request for the _____ Association of Marital and Family Therapy Regulatory Boards (AMFTRB) Exam. <span style="margin-left: 100px;">Date</span>			
I have the disability _____ and request the following accommodation(s) at the testing site _____ _____ _____ _____ _____			
Signed _____		Dated _____	

# Documentation of Disability Related Needs

If you have a learning disability, a psychological disability, or other hidden disability that requires an accommodation in testing, please have this section completed by an appropriate professional (learning specialist, doctor, psychologist, psychiatrist) to certify that your disabling condition requires the requested test accommodation.

If you have existing documentation of having the same or similar accommodation provided to you in another test situation, you may submit such documentation instead of having this portion of the form completed.

I have known \_\_\_\_\_ since \_\_\_\_\_  
Patient Date

The applicant has the disability \_\_\_\_\_,  
diagnosed by the following tests or studies \_\_\_\_\_

I recommend the following accommodation(s) be provided for this individual \_\_\_\_\_

Name	First	Middle	Last
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Address

City	State	Zip Code	County
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Phone (enter 10 digit #)

Signed \_\_\_\_\_ Title \_\_\_\_\_

Date \_\_\_\_\_ License number (if applicable) \_\_\_\_\_