



Midwifery Credentialing
 P.O. Box 47877
 Olympia, WA 98504-7877
 360-236-4700

Disability Accommodation Request

The information requested below and any documentation regarding your disability and your need for accommodation in testing will be considered strictly confidential and will not be shared with any outside source without your express written permission. [Section 504 of the Rehabilitation Act (29 USC 12101)]. Please call 360-236-4700 if you have questions about the types of accommodations available.

Name _____

Address _____

Phone _____ Social Security Number _____

Accommodations requested for the _____ Midwifery examination.

I have the disability _____ and request the following accommodation(s) at the testing site _____

Name (please print) _____

Signed _____ Date _____

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 licensed health care professional (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, for example in your midwifery education program, you may submit such documentation instead of having this portion of the form completed.

I have known _____ since _____ in my capacity as a _____
Test applicant mm/yyyy Professional title

The applicant has the disability _____
 diagnosed by the following tests or studies _____

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

Name (please print) _____ Title _____

Address _____

Telephone _____ License Number _____

Signed _____ Date _____

If accommodations for testing were made for the candidate during progression through the Midwifery education program, provide a letter from the director indicating what modifications were made.