



Application for Special Accommodations

International Association of Plumbing and Mechanical Officials

To request special accommodation for a disability covered by the Americans with Disabilities Act of 1990 (ADA):

1. Read the Documentation Guidelines carefully.

- Share them with the professional who will be preparing your documentation.

2. Complete this form in full. Read and sign the Authorization (section F) below.

3. Attach the documentation of your disability and your need for accommodation.

- Be sure your documentation includes the information listed in the Documentation Guidelines.
- Include supporting documentation (i.e., school records, proof of prior testing accommodations, medical records, lab reports, etc.) as necessary to support your request.
- **INCOMPLETE DOCUMENTATION WILL DELAY PROCESSING OF YOUR REQUEST**

4. Be sure that:

- All information you submit is typed or printed. Material from evaluators is on official letterhead.
- All documents are in English. You are responsible for providing certified English translations of foreign-language documentation.
- You include documentation of your functional impairment in activities beyond test-taking and training.

5. Send the completed IAPMO Special Accommodation Request Form and supporting documentation via email to certifications@iapmo.org

Note: Applicants for ADA accommodations must comply with the applicable registration deadlines but are encouraged to submit the application and documentation as early as possible.

Section A. Biographical Information

First Name _____ Last Name _____ Social Security #: _____

Address _____

City _____ State _____ Postal Code _____

Telephone (Daytime): _____ Evening: _____

Email Address: _____

Notification:

I request that IAPMO communicate with me via: Postal Mail Email

Section B. Nature of Disability

Indicate the nature of your disability, the year it was first professionally diagnosed, and the date of professional's most recent evaluation. (Select all that apply):

Disability
 Vision Psychological
 Physical Hearing
 ADHD Other (Specify : _____)
 Learning

Section C. Previous Accommodations

Have you previously received special accommodations? Yes No

If yes, provide detail (event, date, and accommodations received):

Have you previously received testing or educational accommodations? Yes No

If yes, provide name of school, applicable dates, and accommodations received:

Have you previously received workplace accommodations? Yes No

If yes, provide name of employer, applicable dates, and accommodations received:

Section D. Requested Accommodations

Please complete as applicable:

Testing

List each examination for which you are requesting special accommodations?

Name of Exam: _____ Date: _____ Location: _____

Name of Exam: _____ Date: _____ Location: _____

Section E. Personal Statement

Please describe how your disability impacts your daily life. Attach additional pages if necessary.

Section F. Authorization

By signing below, I attest that the information I have provided on this application is accurate, true, and correct to the best of my knowledge. I agree to and authorize the release of this information requested to IAPMO for use in determining eligibility for the requested special accommodation. I understand that IAPMO reserves the right to verify any and all information in my application. Therefore, I understand and agree that my failure to provide accurate, true, and correct information shall constitute grounds for rejection of my request for this special accommodation.

Signature: _____ Date: _____

Your request will be reviewed upon receipt of all relevant materials as described above. You will receive a decision by written notification from IAPMO. For reasons of confidentiality, information regarding the granting or denial of special accommodations will not be released by telephone.

If you have any questions, please contact IAPMO via email certifications@iapmo.org