



State of Tennessee  
Department of Commerce and Insurance  
Tennessee Commission on Fire Fighting  
2161 Unionville Deason Road  
Bell Buckle, TENNESSEE 37020  
931-294-4140

## **INSTRUCTIONS TO EXAMINATION CANDIDATES REQUESTING ACCOMMODATION**

- If you have a disability that may require accommodation in taking an examination, please complete the "Request for Accommodation" form below. It must be submitted with your application for examination to the Commission office at the address listed above.
- Some disabilities that are not readily discernable may also require additional documentation. This documentation should be from an appropriate professional who is familiar with your situation. If you have not been given accommodation in recent similar testing situations, use the form below for obtaining this documentation. "Documentation of Disability Related Needs," should be signed by the professional in question. Supporting documentation regarding your disability should also be attached. This will be helpful in determining what accommodation may be required in an examination setting.
- Any documentation regarding your disability and your need for accommodation in testing will be considered strictly confidential. This information will not be shared without your express written permission with any outside sources.
- Because of time constraints that may be involved in accommodating certain requests, accommodation must be requested in advance. We cannot guarantee the availability of being able to provide accommodation on short notice and cannot make accommodation on site on the day of the exam.

If you have any questions regarding your request, please do not hesitate to contact the Commission office at the phone number listed above between 8:00 a.m. and 4:30 p.m. Monday through Friday.



State of Tennessee  
Department of Commerce and Insurance  
Tennessee Commission on Fire Fighting  
2161 Unionville Deason Road  
Bell Buckle, TENNESSEE 37020  
931-294-4140

### ACCOMMODATION REQUEST FOR WRITTEN EXAMINATION

The information requested below, 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 sources without your express written permission. Please type or print the information requested on the front of this page except for your signature. Some accommodation requests may require additional documentation. If additional documentation is needed, please have the appropriate professional complete the reverse side of this form.

Name: \_\_\_\_\_

Fire Department: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: (     ) \_\_\_\_\_ PSID: \_\_\_\_\_

Accommodation is requested for the \_\_\_\_\_ examination.

(Level)

to be administered on \_\_\_\_\_ at: \_\_\_\_\_

(Date)

(Location)

#### PLEASE MARK ALL THAT APPLY:

\_\_\_\_\_ Accessible Testing Site      \_\_\_\_\_ Separate Testing Area      \_\_\_\_\_ Extended Time:

\_\_\_\_\_ Time and a half      \_\_\_\_\_ Double Time      \_\_\_\_\_ More than double-time

(Please justify)

\_\_\_\_\_ Large Print Examination      \_\_\_\_\_ Taped Examination

\_\_\_\_\_ Braille Examination      \_\_\_\_\_ Reader as accommodation for learning disability

\_\_\_\_\_ Reader as accommodation for visual impairment

\_\_\_\_\_ Scribe/Amanuensis as accommodation for visual or motor impairment

\_\_\_\_\_ Sign Language Interpreter

\_\_\_\_\_ Use of computer or other adaptive equipment (please specify): \_\_\_\_\_

Other: \_\_\_\_\_

Comments: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**DOCUMENTATION OF DISABILITY RELATED NEEDS**  
(TO BE COMPLETED BY THE APPROPRIATE PROFESSIONAL)

If you have a learning disability, psychological disability, or other hidden disabilities that requires an accommodation in testing, please have this form completed by an appropriate professional (education professional, doctor, psychologist, psychiatrist) who is familiar with your situation to certify that your disability requires the requested accommodation. **Existing documentation of having the same or similar accommodation provided to you in another testing situation can be submitted for documentation instead of having this portion of the form completed. If you are requesting accommodation that was not provided in a recent academic setting or sitting for a similar examination, please provide appropriate documentation which is less than six (6) months old.**

I have known \_\_\_\_\_ since \_\_\_\_\_  
(Test Applicant) (Date)

in my capacity as a \_\_\_\_\_  
(Professional Title) (License Number if Applicable)

The applicant has discussed with me the nature of the test to be administered. It is my opinion that because of this applicant's disability, he/she should be accommodated by providing the following:

PLEASE MARK ALL THAT APPLY:

\_\_\_\_ Expeded Time: \_\_\_\_ Time and a half \_\_\_\_ Double Time \_\_\_\_ More than double time  
(Please justify)

\_\_\_\_ Separate Testing Area

\_\_\_\_ Braille Examination \_\_\_\_ Large Print Examination \_\_\_\_ Taped Examination

\_\_\_\_ Reader

\_\_\_\_ Scribe/Amanuensis as accommodation for visual or motor impairment

\_\_\_\_ Use of computer or other adaptive equipment (please specify): \_\_\_\_\_

Other: \_\_\_\_\_

Typed Name and Title: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**NOTE: PLEASE ATTACH ANY OTHER DOCUMENTATION REGARDING THE INDIVIDUAL'S DISABILITY THAT SHOULD BE CONSIDERED IN PROVIDING ACCOMMODATION IN AN EXAMINATION SETTING.**