



STATE OF TENNESSEE
DEPARTMENT OF HEALTH
HEALTH RELATED BOARDS

665 Mainstream Dr, 2nd Floor
Nashville, Tennessee 37243

www.tennessee.gov/health

ACCOMMODATIONS FOR EXAMINEES WITH DISABILITIES
ELIGIBILITY QUESTIONNAIRE

If you have a disability and may require some accommodation in taking the examination, be sure to fill out and submit this form along with your application.

If accommodation is not requested in advance, we cannot guarantee the availability of accommodation on-site.

If you do not have a disability, please disregard this form.

Name: _____

Address: _____

Phone Number: () _____

Examination Applying for: _____

I. Disability Status (Check all that apply)

A. Are you:

Deaf Hard of Hearing

Blind Visually Impaired

B. Do you have a:

Physical Disability (please explain) _____

Specific Learning Disability: (please explain) _____

Psychological Disability: (please explain) _____

CONTINUED ON THE BACK. PLEASE SEE OTHER SIDE.

- C. How long have you had your disability: Most of my life
 1 Year 2 Years 3 Years 4 Years 5 Years or more

PLEASE INCLUDE DOCUMENTATION FROM A DOCTOR, PSYCHOLOGIST, PSYCHIATRIST, OR OTHER APPROPRIATE PROFESSIONAL CERTIFYING YOUR DISABILITY.

II. Past Accommodations Made for Your Disability

A. In high school:

- Were you in a special school or program? Yes No
Did you get special accommodations for classroom tests? Yes No
Did you generally get extra time for classroom tests? Yes No

- B. Did you have special accommodations for taking the SAT or ACT examinations for admission to college? Yes No

C. In college or training setting:

- Did you use disabled student services? Yes No
Did you generally get extra time for exams? Yes No

- D. What special accommodations for examinations have you received? (Check all that apply.)

Formats:

- Braille Tape Large Type

Help:

- Reader Recorder Sign Language Interpreter

- Extra Breaks/Rest Periods

- Extra Testing Time

- Other (Please explain.) _____

III. I certify the above statements to be true.

(Signed) _____ (Date) _____