



REQUEST FOR ADA ACCOMMODATION
COURT INTERPRETER CREDENTIALING PROGRAM

COMPLETE THIS FORM ONLY IF YOU ARE REQUESTING INDIVIDUAL TESTING
ARRANGEMENTS BECAUSE YOU HAVE A DISABILITY RECOGNIZED BY THE
AMERICANS WITH DISABILITIES ACT (ADA).

NAME OF APPLICANT: _____
(Please print legibly.)

Address: _____
(Street or P.O. Box) (City) (State) (Zip Code)

Home Phone: _____ Cell Phone: _____

Have you been diagnosed with a disability that is recognized by the ADA: _____ Yes _____ No

If you answered "Yes" to the preceding question, please describe the type of disability:

I hereby request an accommodation which is described on the *DOCUMENTATION OF ACCOMMODATION* attached hereto.

Signature

Date

Attach the completed and signed Documentation of Accommodation
to this request and submit both documents to:

Administrative Office of Courts
Court Interpreter Credentialing Program
Post Office Box 117
Jackson, Mississippi 39205

FOR OFFICE USE ONLY:

DATE RECEIVED: _____

RECEIVED BY: _____

DOCUMENTATION FOR ACCOMMODATION

COURT INTERPRETER CREDENTIALING PROGRAM

This section must be completed by an appropriate professional (doctor, psychologist, psychiatrist, or education professional) to certify that your disabling condition requires the requested examination 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 _____
(APPLICANT NAME) (DATE)

AS A _____. I HAVE DIAGNOSED OR EVALUATED THE
(PATIENT OR IN OTHER PROFESSIONAL RELATIONSHIP)

APPLICANT MYSELF, AND I AM NOT RELYING UPON FACTS RELATED TO ME BY THE APPLICANT.

MY DIAGNOSIS IS _____
(DESCRIBE THE MEDICAL CONDITION OR OTHER CONDITION)

THE APPLICANT HAS DISCUSSED WITH ME THE NATURE OF THE TEST TO BE ADMINISTERED. IT IS MY PROFESSIONAL OPINION THAT BECAUSE OF THIS APPLICANT'S DISABILITY, THE APPLICANT SHOULD BE ACCOMMODATED BY PROVIDING THE FOLLOWING:

(CHECK ONLY THOSE THAT APPLY)

<input type="checkbox"/>	LARGE PRINT TYPE	<input type="checkbox"/>	EXTRA TIME (HOW MUCH?) _____
<input type="checkbox"/>	SEPARATE TESTING AREA	<input type="checkbox"/>	EXAMINATION READER
<input type="checkbox"/>	OTHER ORAL ADMINISTRATION (Please describe.)	<input type="checkbox"/>	OTHER ACCOMMODATIONS (Please describe.)

Signature of professional

Title of professional

Printed name of professional

Printed title of professional

Date: _____

Telephone: _____