



AAAE Certification Testing Accommodation Request Form

AAAE is committed to making our certification training and accreditation programs accessible to every candidate. We welcome applicants with disabilities and will work individually with each candidate to identify reasonable accommodations for coursework, testing, and program delivery, consistent with applicable law, and our own commitment to inclusive access. Please complete this form to request a reasonable testing accommodation for a AAAE certification examination. Requests are reviewed individually. Submit only information reasonably necessary to evaluate the request; please do not submit unrelated medical records. Information will be handled as confidentially as practicable and shared only as needed to evaluate and implement an approved accommodation.

Section I. Candidate Information

FIRST NAME	MIDDLE NAME / INITIAL	LAST NAME
PRIMARY MAILING ADDRESS		
CITY	STATE / PROVINCE	ZIP / POSTAL CODE
COUNTRY	PHONE	EMAIL

Section II. Examination and Accommodation Request

CERTIFICATION PROGRAM	EXAM NAME
PLANNED EXAM DATE / TESTING TIMEFRAME	REQUESTED TESTING LOCATION OR DELIVERY METHOD
AAAE MEMBER / CANDIDATE ID	PREFERRED CONTACT METHOD

Accommodation(s) requested

Check all that apply and describe the specific accommodation requested. Approval of an accommodation is based on the candidate's documented needs and the requirements of the examination.

☐ Extended testing time	☐ Additional / stop-the-clock breaks
☐ Reduced-distraction or private testing room	☐ Accessible testing station / physical access
☐ Screen magnification / enlarged text	☐ Assistive technology or alternative input device
☐ Reader / scribe or other test-delivery support	☐ Restroom breaks
☐ Live in-person proctor	☐ Other accommodations

Specific accommodation requested and any important implementation details:

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Section III. Prior Accommodation History

If you have previously received testing accommodations in school, employment, licensure, certification, or another comparable setting, please provide available details. A prior accommodation is informative but does not by itself determine whether the same accommodation will be appropriate for this examination.

Have you previously been granted testing accommodations? ☐ Yes ☐ No ☐ Not applicable /explain below

Year	Accommodation provided	School / employer / organization	Type of exam or setting

Additional context about prior accommodations (optional):

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Section IV. Candidate Statement and Authorization

- I certify that the information I have provided in this request is accurate to the best of my knowledge and that the accommodation requested is related to my ability to access the examination.
- I authorize AAAE to review the information submitted with this request and, when reasonably necessary to arrange an approved accommodation, to share relevant information with the examination administrator, testing vendor, or testing site. The accommodation cannot fundamentally alter the exam or place undue burden on AAAE.
- I understand that AAAE may contact me or the qualified professional identified in Section V if additional information is reasonably needed to evaluate or implement my request.

CANDIDATE SIGNATURE	DATE
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Submission

Submit the completed form and supporting documentation to: amy.calliari@aaae.org

Candidates must submit requests at least two weeks prior to their proposed exam date, so there is adequate time to review the request and coordinate any approved accommodation before that date.

AAAE Use Only

DATE RECEIVED	REVIEWER	STATUS
NOTES / APPROVED ACCOMMODATION		