



### Testing Accommodations Checklist

I verify the following steps have been taken and information has been provided:

- ☐ I registered for the exam before sending in my testing accommodation forms to IWBI
- ☐ I indicated my request for testing accommodations for the exam when I registered for the exam
- ☐ I completed the candidate form (see next page)
- ☐ I indicate which exam I registered for on the candidate form
- ☐ I signed the candidate form. If I am under 18, my parent/guardian has signed the form
- ☐ I sent my healthcare provider the [Provider Form](#)
- ☐ My healthcare provider explained the recommended accommodations that is related to my disability. The request has been specified in detail.
- ☐ My healthcare provider signed the provider form
- ☐ My healthcare provider included a supporting documentation on their letterhead

Once all steps have been completed, **only email** this form, along with all other supporting documents, to [accomodations@wellcertified.com](mailto:accomodations@wellcertified.com). DO NOT MAIL THESE DOCUMENTS.



## International WELL Building Institute™

### CANDIDATE FORM FOR TESTING ACCOMMODATIONS

To request an accommodation for a disability, please complete and submit this form to the International WELL Building Institute™ (IWBI™). IWBI must receive your completed Candidate Form and completed [Healthcare Provider](#) Form for Testing Accommodations.

All documents must be submitted, scanned and emailed to [accommodations@wellcertified.com](mailto:accommodations@wellcertified.com). DO NOT MAIL THESE DOCUMENTS.

**TO BE COMPLETED BY CANDIDATE** (Please print legibly or type all responses): Candidate Name:

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

\_\_\_\_\_ City:

\_\_\_\_\_ State/Province: \_\_\_\_\_ Zip/Postal Code:

\_\_\_\_\_ Country: \_\_\_\_\_

Email Address:

\_\_\_\_\_ Telephone:

\_\_\_\_\_

**I will be taking my WELL Accredited Professional™ (AP) exam:**

\_\_\_ [Prometric testing center](#) \_\_\_ [Remote Proctored](#) [Online](#) \*

*\*Please note, for remote proctored online exams, Prometric may not be able to accommodate all request since candidates are taking the exams in a remote location*

#### **Testing Accommodations request (*fill out completely*)**

Have you taken the WELL AP exam before? Yes \_\_\_ No \_\_\_

If "Yes," did you receive accommodations? Yes \_\_\_ No \_\_\_

Description of disability(ies) and how it affects your ability to take the WELL AP exam under standard conditions, given the format of the exam:

Date of diagnosis of disability(ies): \_\_\_\_\_

Previous accommodation(s) (if any), including type of accommodation provided, date(s) of accommodation, and the institution or organization providing the accommodation:

Requested accommodation: Please be as specific as possible (e.g., if additional time is needed, indicate how much, etc.):

I understand that IWBI will use the information obtained by this accommodation form to determine eligibility for a reasonable accommodation regarding this credentialing exam. I understand that IWBI reserves the right to make additional inquiries regarding my disability and previous accommodations before deciding whether to provide the accommodations I have requested.

Under penalty of perjury, I declare that the foregoing statements and those in any required accompanying documents or statements are true. I understand that false information may be cause for denial or revocation of certification. I hereby certify that I personally completed this portion and that I may be asked to verify the above information at any time.

**Exam Candidate**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

***If you are under 18***

Parent/Guardian

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*DISCLAIMER: While we are sensitive to the needs of all people who take our credentialing programs, test sites in the United States require adherence to Americans with Disabilities Act (ADA) regulations. Outside the United States, test sites will pursue commercially reasonable efforts to grant accommodations requested.*