
LICENSED PROFESSIONAL EVALUATION FORM

To Be Completed Only by A Licensed Professional

To the Professional:

By submitting this form with your signature and license number listed, you are verifying that you have formally diagnosed the candidate named on this form as having the disability documented below or, in your professional capacity; you have worked with the candidate in dealing with the disability documented on the following page. You further verify that the accommodation you recommend is necessary to fairly demonstrate the candidate's ability in a licensure exam.

The purpose of any testing accommodation is to ensure that the examination results reflect a candidate's aptitude or other factor that the exam is designed to measure, rather than reflecting the candidate's sensory, manual or psychological skills (except where those skills are factors the exam is designed to measure). **Our intent is to provide equal opportunity for all candidates. The accommodation must not unfairly advantage or disadvantage the candidate.**

Please call us if you have any questions at 1-800-967-1139 regarding the exam or response format, physical environment, required documentation or determination of appropriate and reasonable accommodations. Finally, Prometric is unable to accommodate a request for "unlimited time." If extra time is needed, please specify the amount.

Exam Candidate Name: _____

Licensed Professional (Please Print your Name): _____

Address: _____

City, State, ZIP: _____

Phone Number: _____ Fax Number: _____

E-Mail: _____

License Number: _____ State of Licensure: _____

Board Certification: _____

Signature of Professional: _____ Date: _____

* Candidate's diagnosis and your recommendation on back page (Attach additional pages if needed.)

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Exam Candidate Name: _____

Diagnosis: (Note: mental and emotional disabilities must include diagnosis code from DSM-III-R or DSM-IV.)

I have known _____ (*candidate*) since _____ (*date*) in my capacity as a _____. The candidate has been diagnosed with the following disability. Please provide historic details on the candidate's condition(s).

The candidate or Prometric staff has discussed with me the nature of the test to be administered. It is my opinion that because of the candidate's disability, the candidate should be accommodated by Prometric with the following accommodations. **(Please include explanation for the accommodation.)**

Signature of Licensed Professional: _____

Licensed Professional's Name (*printed*): _____

Licensed Professional's Title: _____