



## TEST ACCOMMODATIONS REQUEST FORM

(Information provided in this form will be kept strictly confidential.)

FDNY Certificate of Fitness Unit provides reasonable testing accommodations in compliance with the [Americans with Disabilities Act \(ADA\)](#). The Certificate of Fitness Unit allows exam candidates with disabilities equal access to the examination without compromising its validity, providing an unfair advantage, or imposing undue burden on the Certificate of Fitness Unit.

Applicants seeking testing accommodations must complete and submit this test accommodation request form electronically to the FDNY Certificate of Fitness Unit at [pubcert@fdny.nyc.gov](mailto:pubcert@fdny.nyc.gov) with subject title: "*Test Accommodation Request*". This form, with additional required documents, must be completed, notarized, and submitted at least 30 days prior to when you would like to take the test.

You will receive email notification from the Certificate of Fitness Unit in response to your request for accommodation approval.

After approval, you will be guided to make an appointment, fill-out the application and submit the payment online in order to take the Certificate of Fitness Exam.

### Section 1: Applicant Information

First name: \_\_\_\_\_

Last name: \_\_\_\_\_

Email address: \_\_\_\_\_

Contact phone number: \_\_\_\_\_

Name of the designated contact person (optional): \_\_\_\_\_

Email of the designated contact person (optional): \_\_\_\_\_

Which specific Certificate of Fitness examination are you seeking accommodations for?

\_\_\_\_\_

Do you have a copy of an Individualized Educational Plan (IEP) or a 504 Plan from when you attended schools?

Yes, complete Section 1, 2, 4 and 5 of this form.

No, complete Section 1, 2, 3 and 5 of this form.

## Section 2: Medical Condition or Diagnosed Learning Disability

1. I am requesting accommodations on the basis of the following disability/disabilities.

- ADHD/ADD
- Reading Disability
- Vision Impairment
- Other (specify): \_\_\_\_\_

2. Did you receive accommodations during prior testing experiences?

(1) Standardized examinations (e.g. state exam, regent exam, SAT, etc.):  Yes  No.

If yes, name of the exam(s): \_\_\_\_\_

Accommodations received: \_\_\_\_\_

\_\_\_\_\_  
(attach a copy of the related supporting documents)

(2) Certification, Licensure, or Other High Stakes Testing (e.g. driver license, etc.):  Yes  No.

If yes, name of the Testing(s): \_\_\_\_\_

accommodations received: \_\_\_\_\_

\_\_\_\_\_  
(attach a copy of the related supporting documents)

### Release of Information Statement:

I grant permission to both school official(s) and my healthcare provider(s) to release my education-related records and/or my medical or psychological records to the FDNY Certificate of Fitness Unit regarding my request for testing accommodations.

Examinee Signature: \_\_\_\_\_ Date: \_\_\_\_\_ (mm/dd/yyyy)

### SECTION 3 – PROFESSIONAL EVALUATOR INFORMATION

**(This section must be completed if applicant has no IEP or 504 Plan)**

This section must be completed by a certified professional diagnostician. Diagnosis or information on current functional limitations, that might affect the examinee’s ability to take the tests under standard conditions, must be clear in order for the proper evaluation of the requested accommodation(s). Requests for accommodations based on a disability must reflect current levels of impairment and resulting functional limitations.

I, \_\_\_\_\_ (name of professional diagnostician), confirm that \_\_\_\_\_ (name of applicant) with the following disability/disabilities:

- ADHD/ADD. Describe: \_\_\_\_\_
- Reading Disability. Describe: \_\_\_\_\_
- Vision Impairment. Describe: \_\_\_\_\_
- Other (specify): \_\_\_\_\_. Describe: \_\_\_\_\_

Name of Professional Diagnostician		Type of Practice	
Address		Phone	
Professional Diagnostician’s/Facility Stamp	Professional/Authorized Agent’s Signature		
	License/Registration Number		
	Date of Evaluation		

I recommend \_\_\_\_\_ (name of test taker) should receive the following test accommodations based on this test taker’s limitations.

**Additional testing time: (please also recommend the length of the duration)**

- 1.25 x Testing Time (extra 25% of the standard testing time)
- 1.5 x Testing Time (extra 50% of the standard testing time)
- 2 x Testing Time (extra 100% of the standard testing time)

**Text-to-Speech:**

A FDNY examiner reads the information EACH WORD of the exam in ENGLISH from the computer monitor to this test taker. (All tests are only provided in English)

Note: The examiner will NOT read the reference material, but only read the exam questions.

**Adaptive Equipment: (please specify)**

**Other: (please specify)**

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## SECTION 4 – SPECIFIC ACCOMMODATION REQUESTED

(This section must be completed by the applicants who submitted IEP/504 plan.)

The requested accommodations must match the submitted IEP/504 plan.

I have attached a copy of my IEP/504 plan.

I am requesting the following accommodations based on my condition and the submitted IEP/504 plan:

**Additional testing time: (please also recommend the length of the duration)**

1.25 x Testing Time (extra 25% of the standard testing time)

1.5 x Testing Time (extra 50% of the standard testing time)

2 x Testing Time (extra 100% of the standard testing time)

**Text-to-Speech:**

A FDNY examiner reads the information EACH WORD of the exam in ENGLISH from the computer monitor to this test taker. (All tests are only provided in English)

Note: The examiner will NOT read the reference material, but only read the exam questions.

**Adaptive Equipment: (please specify)**

**Other: (please specify)**

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## SECTION 5 – Attestation and Signature

I attest that I understand I am legally bound by what is stated in this form and will be responsible for any false statements or inaccurate information. I hereby do solemnly swear under oath and subject to penalty of perjury that the information provided by me in this document is true and accurate to the best of my knowledge.

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*Applicant's print name*

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*Applicant's signature*

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*Date*