

Wisconsin Department of Safety and Professional Services

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OFFICE OF EDUCATION AND EXAMINATIONS

DISABILITY MODIFICATION REQUEST FORM FOR EXAMINATIONS

This request form should be submitted by the final published application deadline date. Requests must be supported by documentation certifying the disability from a qualified professional appropriate for evaluating the disability. Review of a request for test modification will be deferred until the necessary documentation is submitted. This form and any supporting documentation may be scanned and sent via email to DSPEaminationsOffice@wisconsin.gov.

The information obtained on this form will be treated as a medical record except that exam proctors and exam providers may be informed regarding necessary modifications to exam procedures, and first aid and safety personnel may be informed, when appropriate, if the disability might require emergency treatment.

Date of Request: _____

Candidate Name: _____

Date of Birth: _____

Address: _____

City, State, Zip: _____

Email Address: _____ Telephone Number: _____

Credential Applied for: _____

Exam Type (multiple choice, essay, oral, practical): _____

Exam Name: _____

Exam Date and Time(s): _____

Exam Location: _____

Please respond to the following questions. Attach additional sheets if needed.

1. What is the nature of your disability?

- Chronic Health Problem
- Hearing disability
- Learning Disability
- Physical Disability
- Temporary Accidental Injury
- Visual Disability
- Other _____

