



TEST ACCOMMODATIONS REQUEST FORM

Complete all information and sign the release statement at the end of this section. Make sure all sections are complete before submitting the form. PMI will review your documentation and let you know if any additional information is required.

ID#: _____ Phone Number: _____

First Name: _____ Last Name: _____

Date of Birth: _____ E-Mail: _____

Release of Information: I grant permission to school officials and my healthcare provider(s) to release my education-related records and/or my medical or psychological records to PMI and its designee solely for the purpose of reviewing my request for testing accommodations.

Candidate's Signature: _____

Date: _____

SECTION 1: REQUESTING SPECIAL ACCOMMODATIONS: TO BE COMPLETED BY CANDIDATE

Part 1. Accommodations – Please indicate the testing accommodation(s) you are requesting:

- Extended Time (specify): _____
- Additional 10 minute break per testing hour (total: ____ min.)
- Scribe*
- Reader*
- Large-print exam
- Private room
- Other (specify): _____

** **Note:** These accommodations are automatically approved with a private room to prevent distractions to other test-takers. Please note that a scribe and/or reader are only approved in circumstances where the applicant is unable to read or write independently, even with extra time.*

Part 2. Rationale – Provide a specific rationale for each accommodation you are requesting:

Accommodation requested: _____

Rationale: _____

Accommodation requested: _____

Rationale: _____

Accommodation requested: _____

Rationale: _____

Accommodation requested: _____

Rationale: _____

Part 3. Evaluation Timeline Criteria – The evaluation must be completed by a qualified professional within the specific timeframe as specified below:

- **Physical Disabilities & Chronic Health Conditions:**
 - No more than **1 Year** prior to the anticipated date of the exam
- **Psychological & Psychiatric Disorders:**
 - No more than **1 Year** prior to the anticipated date of the exam
- **Attention-Deficit/Hyperactivity Disorder:**
 - No more than **3 Years** prior to the anticipated date of the exam
- **Learning and Other Cognitive Disorders:**
 - No more than **5 Years** prior to the anticipated date of the exam

SECTION 2: TO BE COMPLETED BY PROFESSIONAL DIAGNOSTICIAN

The professional diagnostician must complete this section. Supporting documentation must be attached to this request form.

Name of the disorder(s) for which testing accommodations are recommended:

Documentation must:

- Include the date(s) of the assessment by the qualified professional
- Be printed on the evaluator's letterhead
- Be signed by the professional
- Be within appropriate timeframe (see above)
- Include a clear diagnosis and evidence that all diagnostic criteria for the disorder have been met
- Document the history of impairment
- Confirm that the symptoms are not due to other conditions, such as an emotional disorder, physical disorder, English-as-a second-language (ESL) factors, or lack of appropriate instruction
- Provide information on **current functional limitations** that are likely to affect the test-taker's ability to take the PMI® exam under standard conditions
- Provide a specific rationale for each recommended testing accommodation

Name of Diagnosing Professional: _____
(Please Print)

Highest Degree and Area of Specialization: _____

License Number: _____ Expiration Date: _____

Signature: _____ Date: _____

E-MAIL THIS FORM AND SUPPORTING DOCUMENTATION TO PMI® AT: Cert.examdelivery@PMI.org