

Date: _____

Examination Accommodation Request Form

Individuals with a physical or mental impairment, or a limitation described as a disability under the Americans with Disabilities Act (ADA) or other applicable law, may request exam accommodations or adjustments for any program organized by the PCI Security Standards Council (PCI SSC).

To request an accommodation or adjustment, the candidate should complete this form and email it directly to the PCI SSC Training Program at **coordinator@pcisecuritystandards.org**.

Applicants should contact PCI SSC Training with questions about specific accommodations via email at **coordinator@pcisecuritystandards.org** or by phone at +1 (781) 876-8855 (option 5).

Applicant information

Please Print Clearly

Last Name:	
First Name:	M.I.
Telephone:	Email address:
Company:	Primary Contact (your name):

Which training are you requesting accommodations for?

Program: _____

Location: _____

Date(s): _____

What is the disability for which you seek accommodation?

Hearing

Visual

Other: _____

Have you previously received examination accommodations?

Yes

No

If yes, when did you receive services?

Please describe which accommodations you are requesting:

Large-Print Written Exam

Additional Time

Reader

Separate Testing Room

Other (please explain): _____