



Certificate Exam Accommodation Request Form

EXAMINEE INFORMATION

Name

Mailing address

City

State

Zip

Email address

Daytime phone

EXAM NAME (check all that apply)

- ☐ Food Safety, Nutrition and Basic Culinary Skills
- ☐ Nutrition & Culinary Management of Diabetes
- ☐ Culinary Management of Food Allergies
- ☐ Nutrition & Mealtime Management of Alzheimer's Disease
- ☐ Nutrition & Culinary Management of Cardiovascular Health
- ☐ Nutrition & Mealtime Management of COPD

Date(s) of Exam(s)

Instructor Name (if known)

Sponsoring Organization

ACCOMMODATION(S) REQUESTED (check all that apply)

- ☐ Extended testing time
- ☐ Reader
- ☐ Scribe
- ☐ Large print materials
- ☐ Sign language interpreter
- ☐ Alternate testing room (distraction-free)
- ☐ Other _____

DOCUMENTATION GUIDELINES (must meet these guidelines for request to be processed)

- ☐ Examinees history of diagnosed disability
AND
- ☐ Recommendations from a qualified professional
OR
- ☐ Proof of past testing accommodations

SUBMISSION INSTRUCTIONS

Complete and submit this form directly to Caregivers Kitchen at least 2 weeks before scheduled exam date. Only one request form needs to be submitted if taking multiple exams. Caregivers Kitchen will notify the examinee of the accommodation decision at least 5 business days before scheduled exam.

Submit with supporting documents to:

Caregivers Kitchen Exam Administration

- ☐ By mail: 4319 W. Clara Lane, PMB 305, Muncie, IN 47304
- ☐ By email to scheduling@caregiverskitchen.net
- ☐ Fax to 888-315-3198

OFFICE USE ONLY

- | | | |
|---------------------------------------|---------------|-----------------------|
| <input type="checkbox"/> Approved | _____ | _____ |
| | Reviewed by | Type of accommodation |
| <input type="checkbox"/> Not approved | _____ | _____ |
| | Date reviewed | Reason |