

CERTIFICATION OF PRIOR EXAM ACCOMMODATIONS

*This form must be **completed by an academic institution or PA program official responsible for student disability services**. The completed form should be submitted to NCCPA as soon as possible to facilitate a timely review of the accommodation request. This form need only be completed once for each applicant.*

Please type or print.

Applicant's Name: _____

NCCPA ID #: _____

1. I, _____, hold the position of _____.
(Printed Name) (Title)

2. I certify that _____ officially approved and provided the
(Name of Institution)
following accommodation(s) for the above applicant beginning on _____.
(Month/Year)

3. Accommodation(s) provided:

4. Reason for provision of accommodation(s):

Printed Name: _____ Date: _____

Signature: _____ Phone Number: _____

*Please email or fax the completed form to NCCPA
examaccommodations@nccpa.net Fax: 678-417-8135*