



CERTIFICATION OF PRIOR TEST ACCOMMODATIONS

This form must be completed by a school or program official responsible for student disability services. NCCPA cannot complete its review of the physician assistant's request for accommodations until this completed form has been received. Therefore, the completed form should be submitted to NCCPA as soon as possible. This form need only be completed once for each applicant.

Please mail, e-mail, or fax the completed form to NCCPA.

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
(Name of Institution)

provided the 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: _____