



Testing Accommodation Form

The Americans with Disabilities Act (ADA) requires that reasonable accommodations be provided to qualified individuals with disabilities. This law defines disabilities as physical or mental impairments that substantially limit one or more of a person's major life activities (e.g., walking, hearing, speaking, seeing, reading, or writing). Fire Service Training (FST) will provide reasonable and appropriate accommodations to qualified candidates who have documented disabilities and demonstrate a need for accommodation during the examination.

This form must be filled out and signed by a Chief Officer or Training Officer requesting special accommodation for the individual stated below. This form is confidential and will not be shared with anyone outside of FST employees.

APPLICANT'S FULL NAME	LAST FOUR DIGITS OF SSN
Special accommodation testing is for individuals with a documented disability, which may hamper their success on a certification written examination. Select accommodation(s) below: <input type="checkbox"/> A testing room separate from other exam candidates, with a reader provided by FST. <input type="checkbox"/> A testing room to oneself other than a proctor to observe and maintain the security of the exam. (Applicant is allowed to read the questions out loud to him or herself). <input type="checkbox"/> The questions to be printed in a larger font (approximately 20% larger). <input type="checkbox"/> The test to be copied on off-white paper (e.g., cream-colored). <input type="checkbox"/> Additional time (25% more) to complete the exam. <input type="checkbox"/> Other:	
MEDICAL REASON FOR REQUEST	AFFILIATED DEPARTMENT

I hereby request testing accommodation for the applicant listed above. I am familiar with the applicant's condition and do hereby certify that there is a legitimate medical reason for accommodation.			
NAME (PLEASE PRINT)	<input type="text"/>	TITLE	<input type="text"/>
SIGNATURE	<input type="text"/>	DATE	<input type="text"/>

Fax the completed form to 208-429-5559 or email it to fst@cte.idaho.gov.