

REQUEST FOR ACCOMODATION OF DISABILITIES

The Colorado Coal Mine Board of Examiners (CMBE) complies with the Americans with Disabilities Act and related regulations. If you have a disability and are requesting accommodations for this Exam please complete and submit this form, as well as all relevant documentation of a diagnosed disability and a Professional Evaluation. CMBE will make reasonable accommodations for applicants with disabilities. Please be advised that the CMBE may not be able to provide reasonable accommodations at testing locations without advance notice of your disability and requested accommodation.

Name: _____
Last First Middle

Information about Your Disability and Requested Accommodations

Describe the nature of your disability. *Please indicate the specific diagnosis.*

When was your disability first diagnosed?

How does your disability affect your daily life?

How does your disability affect your ability to take the examination?

What accommodations are you requesting during the examination?

_____ Additional Time (_____minutes) _____ Separate Room _____ Reader

_____ Scribe _____ Other, please describe: _____

What accommodations have you received in the past for similar exams?

Supporting Documentation

Provide the CMBE with verification of your disability from a qualified professional supporting your requested accommodation. The requested report must include the name, title, credentials and area of specialization of the professional making the diagnosis and recommendation/rationale for the specific accommodation. The CMBE will not pay any cost you may incur in obtaining this requested documentation; however, it will pay for any reasonable accommodation that is made for you. The medical information you provide will be considered and maintained as confidential.

Candidate Affirmation

My signature on this form affirms that the information I have provided on this request is true and accurate. I have truthfully represented my disability and the impact it has on my daily life and my ability to take standardized examinations.

Applicant Signature

Date