

Candidate Handbook



InfoComm (CTS, CTS-I, CTS-D) Exam - Healthcare Documentation of Disability-Related Needs

This section must be completed by a licensed healthcare provider who has been personally involved in the diagnosis or treatment of the disability for which you are requesting accommodation, OR an educational or testing professional who has previously provided you with testing accommodations similar to those requested. This form must accompany the *Request For InfoComm (CTS, CTS-I, CTS-D) Exam Special Accommodations Form*.

Professional Documentation

I have known _____

Exam Applicant

since _____

Date

in my capacity as a _____

Professional Title

The applicant has discussed with me the nature of the exam to be administered. It is my opinion that because of this applicant's disability described below, he/she should be accommodated by providing the special arrangements listed on the reverse side.

Comments _____

Signed: _____

Print Name: _____

Title: _____ Date: _____

License # (if applicable) _____

Return this form with your exam application information and the *Request for InfoComm (CTS, CTS-I, CTS-D) Exam Special Accommodations* to the Certification Office a minimum of 45 days prior to the date you wish to take the exam.

Please call the InfoComm Certification Office, if you have any questions about procedures in completing this application. InfoComm International, Attn. Certification Office | 11242 Waples Mill Rd., Suite 200 | Fairfax, VA 22030
+1.800.659.7469 or +1.703.273.7200 | +1.703.691.2756 Fax | certification@infocomm.org | www.infocomm.org

NOTE: Applicants and stakeholders should download the most up-to-date free edition of the Candidate Handbook that may include important policy and procedure updates by going to the InfoComm website at www.infocomm.org. Date of this version is 10/08/07.