

## SPECIAL ACCOMODATION REQUEST FORM

### Section 1: Candidate Information

Full Name \_\_\_\_\_

Certification Program \_\_\_\_\_

Certification ID (if applicable) \_\_\_\_\_

Contact Number \_\_\_\_\_

Email Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

### Section 2: Nature of the Request

Type of Accommodation Requested ☐ Extended Testing Time ☐ Separate Testing Room ☐  
Assistive Technology ☐ Other (Please specify): \_\_\_\_\_

Description of the Disability or Condition \_\_\_\_\_

Specific Accommodation Needs \_\_\_\_\_

### Section 3: Supporting Documentation

Candidates requesting accommodations must provide supporting documentation from a qualified healthcare professional, which should:

- Be current (typically within the last three years)
- Clearly describe the disability/condition
- Recommend specific accommodations based on assessment findings

Supporting Documentation Attached ☐ Yes ☐ No

#### Section 4: Candidate Declaration

I certify that the information provided is true and complete. I authorize GSMR to verify the information submitted and understand that any false statements may result in denial of my request and/or certification actions.

Candidate Signature \_\_\_\_\_

Date \_\_\_\_\_

**Note:**

- *Accommodation requests must be submitted **at least 30 days** before the scheduled exam date.*
- *All information will be treated confidentially and used only for accommodation purposes.*
- *Email the Exam Feedback Form and supporting documents to: [certification@gsmrgulf.org](mailto:certification@gsmrgulf.org)*