

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 Special Accommodation Form and supporting documents to: certification@gsmrgulf.org*

