

Testing Accommodations Checklist

I verify the following steps have been taken and information has been provided:

- _____ I registered for the exam before sending in my testing accommodation forms to GBCI
- _____ I indicated my request for testing accommodations for the exam when I registered for the exam
- _____ I completed the candidate form (see next page)
- _____ I indicate which exam I registered for on the candidate form
- _____ I signed the candidate form. If I am under 18, my parent/guardian has signed the form
- _____ I sent my healthcare provider the Provider Form
- _____ My healthcare provider explained the recommended accommodations that is related to my disability. The request has been specified in detail.
- _____ My healthcare provider signed the provider form
- ____ My healthcare provider included supporting documentation on their letterhead

Once all steps have been completed, *only email or fax* this form, along with all supporting documents, to <u>accommodations@gbci.org</u> or 202-545-3708, to the attention of GBCI Testing Accommodations. **Do not mail your forms to GBCI or submit them to gbci.org/contact.** Submitted documentation is destroyed after your exam.



Green Business Certification Inc.

CANDIDATE FORM FOR TESTING ACCOMMODATIONS

To request an accommodation for a disability, please complete and submit this form to Green Business Certification Inc. ("GBCI"). GBCI must receive your completed Candidate Form and completed <u>Healthcare</u> <u>Provider</u> Form for Testing Accommodations.

All documents must be submitted by fax (202) 545-3708 or scanned and emailed to <u>accommodations@gbci.org</u>. <u>DO NOT MAIL THESE DOCUMENTS.</u>

TO BE COMPLETED BY CANDIDATE (Please print legibly or type all responses):

Candidate Name:			
Street Address:			
City:	S [.]	tate/Province:	
Zip/Postal Code:	Cou	ntry:	
Email Address:			
Telephone:			
I will be taking my GBCI credential Online_*	exam:	Prometric testing center	Remote Proctored
*Please note, for remote proctored online candidates are taking the exams in a rem		-	odate all requests since

Select the GBCI credential in which you are requesting accommodations:

LEED AP BD+C	LEED AP Homes	LEED AP ID+C
LEED AP ND	LEED AP O+M	LEED Green Associate
SEA	SEP	SITES AP

Urban Greenhouse Gas Inventory Specialist

Testing Accommodations Request (fill out completely)

Have you taken a GBCI credentialing exam before?	Yes	No
If "Yes," did you receive accommodations?	Yes	No

Description of disability(ies) and how it affects your ability to take the GBCI credentialing exam under standard conditions, given the format of the exam:

Date of diagnosis of disability(ies): _____

Previous accommodation(s) (if any), including the type of accommodation provided, date(s) of accommodation, and the institution or organization providing the accommodation:

Requested accommodation: Please be as specific as possible (e.g., if additional time is needed, indicate how much, etc.):

I understand that GBCI will use the information obtained by this accommodation form to determine eligibility for a reasonable accommodation regarding this credentialing exam. I understand that GBCI reserves the right to make additional inquiries regarding my disability and previous accommodations before deciding whether to provide the accommodations I have requested.

Under penalty of perjury, I declare that the foregoing statements and those in any required accompanying documents or statements are true. I understand that false information may be cause for denial or revocation of certification. I hereby certify that I personally completed this portion and that I may be asked to verify the above information at any time.

Exam Candidate	
Signature:	Date:
lf you are under 18	
Parent/Guardian Signature:	Date:

DISCLAIMER: While we are sensitive to the needs of all people who take our credentialing programs, test sites in the United States require adherence to Americans with Disabilities Act (ADA) regulations. Outside the United States, test sites will pursue commercially reasonable efforts to grant accommodations requested.