**Exam Accomodations Request**

If you have a disability that would prevent you from taking the CME Examination under standard conditions, you may request special accommodation. NAHRO will honor all reasonable accommodations at no extra charge to the registrant. Any request for translation services will be honored. However, the cost of these services will be the responsibility of the registrant.

Submit your request in writing to certification@nahro.org or to NAHRO Certification, 630 I ST NW, Washington DC, 20001, specifying the accommodations you need, after submitting your registration. After your accommodations request, registration, and fees are received, NAHRO will contact you confirming the arrangements, including the date, time, and location for the special test administration, if required.

If you have questions contact certification@nahro.org or 877.866.2476.

**Contact Information (**please enter name, address, phone and email below)

**Name:**_____

**Address:** _____

_____

**Phone:** _____

**Email:** _____

**Provide accomodations requested below:**



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In completing and signing this application, I fully understand that it is an application only and does not guarantee certification. By signing this request, I attest that the information and documentation provided is accurate to the best of my knowledge. I understand that any false statement or misrepresentation that I make in the course of this application process may result in revocation of this application or other disciplinary action by the NAHRO's Board of Ethics and Credentialing Trustees.

_____ _____

Applicant Signature Date



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