

## CASp TEST ACCOMMODATION(S) REQUEST

### VOLUNTARY CERTIFIED ACCESS SPECIALIST (CASp) PROGRAM

This form may be completed online and printed. Please read the *ADA Test Accommodation(s) Guidelines for the CASp Examination (03/20/16)*, incorporated by reference, and the *CASp Examination, Certification, and Practice Standards Handbook (02/2016)*, incorporated by reference, before completing this CASp Test Accommodation(s) Request. Candidate information items with an asterisk (\*) are required to be provided.

CANDIDATE INFORMATION				
Title:	<input type="checkbox"/> Mr.	<input type="checkbox"/> Ms.	<input type="checkbox"/> Mrs.	<input type="checkbox"/> Dr.
Name (Last)*	(First)*		(Middle)	
Mailing Address – Street address or PO Box*				
City*	County	State*	ZIP Code*	
Primary Phone*			Secondary Phone	
Email*				

A. ACCOMMODATION(S) REQUEST	
<input type="checkbox"/> Open Book (Plan Review)	<input type="checkbox"/> Closed Book
Exam Date (Month/Year)	Exam Location (City/State)
<p>If you have previously been provided accommodation, please proceed to Section B. If this is your initial accommodation request, please sign and date this form, and download and complete Form 603: CASp Test Accommodations Request Questionnaire. Submit both Form DSA-602 and Form DSA-603 to the DSA CASp Program.</p>	

B. PREVIOUSLY PROVIDED ACCOMMODATION(S)	
<b>CHOOSE ONE OF THE FOLLOWING:</b>	
<input type="checkbox"/>	I have received test accommodation(s) for a previous CASp examination within the past calendar year, and I am requesting the previously provided accommodation(s); or
<input type="checkbox"/>	I have received test accommodation(s) provided over a year ago for a previous CASp examination. My disability was indicated as permanent on my DSA 603. I am requesting the previously provided accommodation(s).
Previous CASp examination for which accommodation(s) was provided: Exam Date (Month/Year) _____ Exam Location (City/State) _____	
<p>You do <b>not</b> need to complete Form DSA-603: CASp Test Accommodations Request Questionnaire. Please sign and date this form and submit it to the DSA CASp Program.</p>	
<b>OR:</b>	
<input type="checkbox"/>	I require the same previous accommodation but my accommodation request has expired for my temporary disability, or I require a different accommodation than what was provided to me for a previous administration of the CASp examination because of a change in the nature and extent of my disability.
<p>Please sign and date this form, and download and complete Form DSA-603: CASp Test Accommodations Request Questionnaire. Form DSA-603 must be accompanied with documentation that supports the need for the accommodation. Submit both Form DSA-602 and Form DSA-603 to the DSA CASp Program.</p>	

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 APPLICANT SIGNATURE

 \_\_\_\_\_  
 DATE