

Certified Wildlife Rehabilitator™
Special Needs Exam Accommodations Form

Name: _____

Address: _____

Phone: _____ Email: _____

I request special accommodations as follows: (Check all that apply)

- Special seating or other physical accommodation Scribe
 Reader Extended testing time- **Total Hours Requested:** _____
 Other special accommodations (Please specify)

Documentation of Special Needs

Please have the below section completed by an appropriate health care professional (e.g., physician, psychologist, psychiatrist), **OR** check one or more of the boxes and attach signed documents with this Form. Submitted evaluations must be dated within the last three years. Submitted letters from professionals must be dated within the last 15 months from the date of application. If you attach an evaluation update, then it must be accompanied by the original document to which it refers.

- Neuropsychological evaluation Individualized Education Plan (IEP)
 Psychoeducational evaluation 504 Plan
 Letter from psychologist or psychiatrist with diagnosis and recommended accommodations

Professional Documentation- A professional may complete this section in lieu of the above documentation

I have evaluated _____ on ____/____/____ in my capacity as a (Professional Title) _____

The candidate discussed with me the nature of the examination to be administered. It is my opinion that, because of this candidate's disability described below, he/she should receive the special testing accommodations listed above.

Diagnosis/Diagnoses: _____

Description of Disability: _____

Professional's Name: _____ Title: _____ License #: _____

Address: _____

Telephone Number: _____ E-mail _____

Professional's Signature _____ **Date:** _____

CWR Candidate Signature

By signing this form, I the exam applicant, have read the requirements for the CWR™ exam and agree to the terms specified in IWRC's CWR™ Candidate's Handbook.

Signature _____ **Date** _____

Confirmation and further instructions will be sent within 3-5 business days once your application has been processed. Mail, email, or fax this form to the contact information below.