



ACCOMMODATION REQUEST PACKET

**Complete the forms enclosed and
send to NFPT at least 30 days
before scheduling the NFPT-CPT
exam administration appointment**

SEND TO NFPT one of the following ways:

Email at: HRDept@nfpt.com

Fax at: 765-471-7369

Mail to: NFPT Testing Accommodations
PO Box 4579
Lafayette, IN 47903

**Any questions or concerns please call:
800-729-6378**

NFPT Certification works to provide an equitable exam experience for all NFPT-CPT test candidates. The purpose of a test accommodation is to ensure that the test candidate's results are not negatively impacted as the result of any disability or impairment. NFPT-CPT exam results are for the purpose of demonstrating minimal competency as it relates to the knowledge, skills and abilities of the Certified Personal Trainer (CPT), rather than reflect the candidate's sensory, manual or psychological skills.

If you are a NFPT-CPT test candidate and need to request a special accommodation to take the certification examination, please take the time to carefully complete this packet before submitting your request. Also, note that we will need time to review, approve and complete your accommodation ; therefore, we require 30 days advanced notice of your request.

A completed Accommodation Request Packet includes the Candidate Accommodation Request Form, the Professional Evaluation Form, and any additional information or documentation to demonstrate the need for your special exam accommodation request. Completed forms allow NFPT Certification to assist you, the test candidate, with arranging the best accommodation possible for your situation. **We are unable to process incomplete accommodation requests. Your application is only valid up until your exam eligibility period has expired.**

Approved accommodations will be arranged as quickly as possible and at no extra charge to the candidate.

NFPT Certification works together with its testing vendor, SMT/Prometric, to make arrangements for your approved exam day accommodation/s/. Please contact us to answer any questions or concerns about this process.

1. Generally, you **MUST** have an appropriately licensed professional (e.g. General Physician, Psychologist, etc.) complete the Professional Evaluation Form. Submit this form with any additional documentation that will support your request. In limited situations, your supporting documents, those which show as a stand alone document the situation, handicap or disability, may be sufficient without the need for a licensed professional to complete the Professional Evaluation Form. You may submit these supporting documents in lieu of the Professional Evaluation Form for evaluation by NFPT Certification; this documentation may be approved or denied, in which case the Professional Evaluation Form will be required.
2. We can **NOT** make any accommodations of a “personal or physical nature” (one which requires physical touch lifting, for example). A personal assistant, approved by NFPT Certification, may help setup the test candidate to take the test, but are generally not permitted to stay with the candidate in the testing room. This does not include an accommodation request for a Reader or Recorder, which will be approved with the proper documentation.

CANDIDATE ACCOMMODATION REQUEST FORM

Candidate Name: _____
NFPT ID #: _____
Address: _____
City, State, ZIP: _____
Daytime Phone Number: _____ Other Number: _____
Email: _____
Name of the Exam(s) Requested: **NFPT-CPT Exam**
Exam Site Requested (city/state): _____
Earliest Date You Are Available to Test: _____
Describe your Disability: _____

Additional Testing Time(Chose One)

_____ *Thirty minutes*
_____ *50% (time and one-half)*
_____ *100% (double time)*

Assistance

_____ *Reader*
_____ *Recorder of answers*
_____ *Sign Language Interpreter*
_____ *Other: _____*

Additional Comments (For example: "Will need to bring a nurse assistant."):

Please note that some accommodations may require three weeks or longer. Where additional time is requested, you must provide details as to the severity of the condition and an explanation as to why the candidate condition supports the request for additional time.

PLEASE READ AND SIGN:

I authorize release of the attached forms to NFPT Certification and SMT/Prometric staff to review and arrange the requested accommodation.

I give my permission for my diagnosing professional to discuss with NFPT Certification and/or SMT/Prometric staff my records and history in as much as they relate to the requested or suggested accommodation.

I understand and agree that NFPT Certification and/or SMT/Prometric staff may provide my records to an appropriate professional selected by NFPT Certification and/or SMT/Prometric for an independent evaluation relating to my request or to the organization or agency for which the exam is administered.

Candidate Signature: _____ Date: _____

LICENSED PROFESSIONAL EVALUATION FORM

To Be Completed Only By A Licensed Professional

To the Professional:

By submitting this form with your signature and license number listed, you are verifying that you have formally diagnosed the candidate named on this form as having the disability documented below or, in your professional capacity; you have worked with the candidate in dealing with the disability documented on the following page. You further verify that the accommodation you recommend is necessary to fairly demonstrate the candidate's ability in a licensure exam.

The purpose of any testing accommodation is to ensure that the examination results reflect a candidate's aptitude or other factor that the exam is designed to measure, rather than reflecting the candidate's sensory, manual or psychological skills. **Our intent is to provide equal opportunity for all candidates. The accommodation must not unfairly advantage or disadvantage the candidate.**

Please call us if you have any questions at 800-729-6378 or email to HRDept@nfpt.com regarding the exam or response format, physical environment, required documentation or determination of appropriate and reasonable accommodations. Finally, NFPT Certification and SMT/Prometric is unable to accommodate a request for "unlimited time." If extra time is needed, please specify the amount.

Exam Candidate Name: _____

Licensed Professional (Please Print your Name): _____

Address: _____

City, State, ZIP: _____

Phone Number: _____ Fax Number: _____

Email: _____

License Number: _____ State of Licensure: _____

Board Certification: _____

Signature of Professional: _____ Date: _____

* Candidate's diagnosis and your recommendation on back page (Attach additional pages if needed.)

LICENSED PROFESSIONAL EVALUATION
To Be Completed Only By A Licensed Professional

Exam Candidate Name: _____

Diagnosis:

I have known _____ (*candidate*) since _____ (*date*) in my capacity as a _____ . The candidate has been diagnosed with the following disability. (please provide historic details on the candidate's condition(s).

The candidate or NFPT Certification staff has discussed with me the nature of the test to be administered. It is my opinion that because of the candidate's disability, the candidate should be accommodated with the following accommodations. **(Please include explanation for the accommodation.)**

Signature of Licensed Professional: _____

Licensed Professional's Name (*printed*): _____

Licensed Professional's Title: _____