

Appendix G

NIGP Certified Procurement Professional (NIGP-CPP) Special Accommodations Request Form

This form must be completed by a licensed health care professional whose credentials are appropriate to diagnose and evaluate the candidate's current physical or learning disability and make recommendations for testing accommodations. The licensed health care professional must have examined and treated the candidate within the last one (1) year and have knowledge of the candidate's current level of function. Attach additional sheets as needed.

For learning accommodations, a copy of the documentation (e.g., educational assessment, psychological report) dated within the last three (3) years that provides diagnostic/clinical data (e.g., scores from educational testing) confirming the diagnosis, and the need for the testing accommodation along with accommodation recommendation(s) must be enclosed with this form for all learning disabilities. Additionally, the licensed health care professional must have seen and evaluated the candidate within the last (1) one year.

I: Licensed Health Care Professional Information

Licensed Health Care Professional's Name:

Title: License #:

License Granting Authority:

Institution/Practice Name:

Address:

City:

State/Province:

Zip Code:

Country:

Daytime Telephone:

II: Candidate Disability Status: (Check all that apply)

Physical _____ Learning _____ Hearing Impaired _____ Vision Impaired _____

Other (Specify): _____

III: Diagnosis and Treatment Information

A. Specified Diagnosis:

Please note: If this is a specific learning disability, learning-related or psychological disability, please provide identification of the DSM-V or the most current version of the DSM diagnosis. Enclose a copy of the psychological or educational assessment report. An individual self-assessment is not acceptable.

B. Describe the manner that this disability impairs major life activity/functioning:

C. Last date of your most recent treatment or consultation with the candidate AND the date you first saw the candidate for this condition:

D. Personal Confidential Information

Identify the aspect(s) of the candidate's functioning which requires testing accommodations, and the effect of the disability on the candidate's functioning under standard testing conditions:

If the candidate has a specific learning or psychological disability, identify the specific assessments (e.g., standardized psychological/educational tests) used to identify and confirm the diagnosis. You must enclose copies of these test results/evaluations/ educational or psychological reports with this form, or the request will not be considered.

E. Please describe your qualifications/credentials and professional relationship with this candidate which facilitates making these recommendations for the candidate:

F. Based on your knowledge of this candidate's disability and current functioning, which special accommodations are recommended?*

* If extra time is selected, the specific amount of extra time requested is required.

Upon providing this signed and completed form to the candidate, the candidate is responsible for uploading the form to his/her online application.

I certify that the information provided by me on this form is true and correct to the best of my knowledge.

Professional's Name (printed): _____

Professional's Signature: _____ Date: _____