



**Division of Professional Licensure**  
**Office of Public Safety and Inspections**  
**1000 Washington Street Suite 710, Boston, MA 02118**

**Request for Examination Accommodations**

If you have an impairment that substantially limits your ability to perform a major life activity and you require accommodations on an examination administered by the Office of Public Safety and Inspections (“Office”), you must complete this form and submit all required documentation to the Office at least 30 days prior to the examination. This form must be legible and completed in ink. Your request may be denied if the form is incomplete, illegible, or if you are unable to demonstrate that your impairment limits your ability to perform a major life activity. Please be aware that the Office does not guarantee that your request will be granted.

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Phone: \_\_\_\_\_

**Type of Examination:**

- |   |   |
|---|---|
| <input type="checkbox"/> Certified Maintenance Mechanic   | <input type="checkbox"/> Inspector of Amusement Devices |
| <input type="checkbox"/> Certified Tramway Inspector, Wire Rope Inspector,<br>Wire Rope Splicer or NDT Examiner | <input type="checkbox"/> Motion Picture Operator        |
| <input type="checkbox"/> Elevator Mechanic or Operator  | <input type="checkbox"/> Pipefitter                     |
| <input type="checkbox"/> Hoisting Operator  | <input type="checkbox"/> Refrigeration Technician       |
| <input type="checkbox"/> Horse and Carriage Driver  | <input type="checkbox"/> Sprinkler Fitter               |

**Need for Accommodations:**

Please explain the nature of your impairment(s) and why you are requesting accommodations. Please attach additional pages if necessary.

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**Accommodations Requested:**

Please list the specific accommodation(s) you are requesting. Please attach additional pages if necessary.

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**Supporting Documentation:**

You must submit written documentation supporting the accommodation you are requesting that meets that following criteria:

- Must be no more than one year old from the date of application
- Must be documented on official letterhead from a licensed or certified health professional appropriate for diagnosing and treating the specific disability which confirms your impairment or diagnosis and the need for the accommodation listed above
- Must include a recommendation for the specific accommodation with current and detailed documentation supporting the request
- Must provide evidence that similar accommodations have been made for the applicant in other educational or testing situations or in employment settings, or describe why no such accommodation was made in the past but is now required

This information will be kept confidential and will only be used by the Office to determine that 1) you have an impairment and 2) such impairment substantially limits a major life activity.

**Attestation:**

***I hereby swear, under the pains and penalties of perjury, that all information set forth on this document and submitted in support hereof is true and accurate to the best of my knowledge.***

\_\_\_\_\_/\_\_\_\_\_  
Signature/Printed Name of Applicant

\_\_\_\_\_  
Date



# Division of Professional Licensure

## Office of Public Safety and Inspections

1000 Washington Street Suite 710, Boston, MA 02118

### DISABILITY DOCUMENTATION GUIDELINES

The following guidelines describe the necessary components of acceptable evidence required to validate a disability and the current need for testing accommodations. A prior history of accommodations, without demonstration of a current need, will not necessarily warrant approval of testing modifications. To avoid unnecessary delays, please ensure that that submission of all information and documentation is in accordance with these guidelines.

- **The request for accommodation and appropriate supporting documentation must provide evidence of a substantial limitation to physical or mental (academic) functioning.**
- **Clinical evaluations must be performed by a licensed/certified or otherwise qualified professional with credentials appropriate to diagnose and treat the disability (i.e., physician, psychologist, or specialist). Information about the qualified professional's area of specialization and professional credentials, including certification and licensure, should be clearly delineated in the documentation that is provided.**
- **Documentation must be submitted on official letterhead from a licensed or qualified professional who has examined the applicant and diagnosed a physical or mental impairment. Depending on the nature of the disability and written evaluation, documentation may include a letter from a physician or a detailed report.**
- **Documentation must be no more than one year old.**
- **Disability documentation must be detailed and specific. Documentation for all disabilities should describe the extent of the disability, the criteria for the diagnosis, the diagnosis, the type and length of treatment and the recommended accommodation. Terms such as "problems," "deficiencies," "weaknesses," "differences," and "learning disability" are not the equivalent of a diagnosed specific disability (such as ADHD, Dyslexia, Multiple Sclerosis, etc.).**
- **Documentation must provide evidence of a substantial current limitation to physical or mental functioning.**
- **For a temporary disability, the documentation should clearly indicate the impact of the disability as well as the anticipated length of the recovery.**
- **For mental disabilities, the following areas should be assessed:**
  - **Ability:** The Weschler Adult Intelligence Scale IV (WAIS-IV) with its subtests can be included as a standard measure of overall intelligence. The WAIS-IV should only be one component of a full documentation report. Other adult intelligence scales or assessments may be deemed acceptable in lieu of the WAIS-IV. Consult a qualified professional for additional information.
  - **Achievement:** Current levels of academic functioning in relevant areas, such as reading (decoding and comprehension), mathematics, and oral/written language are relevant to determining whether or not there is a current need for accommodations. The tests submitted should be standardized and valid for use in an adolescent/adult population. Consult a qualified professional for additional information.
  - **Processing Skills:** Other tests in processing areas may warrant evaluation as indicated by the tests above. These areas include information processing, visual and auditory processing, and processing speed.

*These suggested tests are not meant to preclude assessment in other relevant areas, such as psychological status or vocational skills.*