



Georgia Professional Licensing Boards  
237 Coliseum Drive  
Macon, Georgia 31217-3858  
404-424-9966

### REQUEST FOR DISABILITY ACCOMMODATION GUIDELINES

You have indicated that you may require an accommodation, under the American with Disabilities Act of 1990 as amended (**Public Law 101-336**), to take the examination and/or meet licensure requirements. In order for the Board to consider your request for accommodation, you must submit acceptable documentation of your disability and proposal for accommodation to the Board. The application and all requested disability accommodation material must be mailed to the above address and received by the board by the application deadline, **AT LEAST 40 DAYS PRIOR TO THE DATE OF THE EXAMINATION.**

Complete this form, provide a current statement of disability and a specific proposal for accommodation as it relates to your disability, and have the professional who documents your disability return this form to the Board office.

Please note that . . .

- your documentation **must** be from a physician, mental health professional, or other professional with expertise directly related to your disability.
- the professional **must** have proper credentials to properly diagnose your disability.
- the professional's statement **must** be on the professional's letterhead, include the address, and phone number of the professional.
- the specific proposal for accommodation **must** relate directly to your disability.

Please include any information regarding accommodation(s) for your disability that you may have received in the past.

**Note:** If you are reapplying to take the examination, have previously submitted the documentation and proposal for accommodation, **and** are requesting the same accommodations as on your previous application you will only need to complete and submit this form.

**Applicant:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**LICENSE APPLIED FOR:** \_\_\_\_\_

**PROFESSIONAL SUBMITTING DOCUMENTATION OF A DISABILITY:**

\_\_\_\_\_  
\_\_\_\_\_

**PROFESSIONAL'S TELEPHONE #:** (\_\_\_\_\_) \_\_\_\_\_

ADA 11/92; 12/92; 1/95; 2/95; 5/95; 10/99; 1/01; 1/02