

Request for Special Examination Accommodations



If you have a disability covered by the Americans with Disabilities Act, please complete this form and provide the Documentation of Disability-related Needs on the next page so your accommodations for testing can be processed efficiently. The information you provide and any documentation regarding your disability and your need for accommodation in testing will be treated with strict confidentiality. Please submit this form via the following link: [Submit a request – PSI Candidate Experience \(zendesk.com\)](#) within 45 days of the desired testing date.

Candidate Information:

Name (Last, First, Middle Initial, Maiden Name) _____

Name of Practice/Facility/Company _____

Title _____

Mailing Address _____

City _____ State _____ ZIP _____

Daytime Phone Number _____

Email _____

Special Accommodations:

I request special accommodations for the Dental Anesthesia Assistant National Certification Examination (DAANCE). Please provide (check all that apply):

☐ Reader

☐ Extended testing time (time-and-a-half)

☐ Reduced distraction environment

☐ Other special accommodations (please specify) _____

Comments _____

Signed _____ Date _____

If you have questions, call Candidate Services at 833-333-4755.