Examination Accommodation Request Form

Any individual who has a physical or mental impairment or a limitation described as a disability under the Americans with Disabilities Act (ADA) may request examination accommodations for any program organized by the PCI Security Standards Council (PCI SSC).

In order to request examination accommodation, the candidate should complete this form and request that the primary contact of the company email the completed form to the PCI SSC Training Program at coordinator@pcisecuritystandards.org.

Applicants must wait for confirmation of approval from the PCI SSC Training Program Manager prior to registering for training.

**Applicant information**

*Please Print Clearly*

<table>
<thead>
<tr>
<th>Last Name:</th>
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<tbody>
<tr>
<td>First Name:</td>
<td>M.I.</td>
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<td>Telephone:</td>
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<td>Email address:</td>
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<td>Company:</td>
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<tr>
<td>Primary Contact (your name):</td>
<td></td>
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Which training are you requesting accommodations for?
Program: _______________ Location: ____________________________ Date(s): ____________

What is the disability for which you seek accommodation?

- [ ] Hearing
- [ ] Visual
- [ ] Other: ____________

Have you previously received examination accommodations?  Yes [ ] No [ ]

If yes, when did you receive services?
____________________________________________________

Please describe which accommodations you are requesting:
- [ ] Large-Print written exam
- [ ] Additional Time
- [ ] Reader
- [ ] Separate testing room
- [ ] Other (please explain) ____________________________

Applicants should contact PCI Training with questions about specific accommodations via email coordinator@pcisecuritystandards.org or phone +1 (781) 876-6272