

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

## 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](mailto: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*

|             |                              |
|-------------|------------------------------|
| Last Name:  |                              |
| First Name: | M.I.                         |
| Telephone:  | Email address:               |
| Company:    | Primary Contact (your name): |

#### 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](mailto:coordinator@pcisecuritystandards.org) or phone +1 (781) 876-6272