IPTA CERTIFIED PERSONAL TRAINER (CPT)

Request for Testing Accommodations

Please complete electronically or print clearly. Submit this form and all supporting documentation during the application process.

HOW TO SUBMIT THIS FORM

1. Upload it (most important): upload this completed form, with your supporting documentation, to your candidate application in the exam application portal.

2. Email a copy: also email a copy to support@traineracademy.org.

Use this form to request reasonable testing accommodations in advance of the examination. Complete Sections 1 through 4. Support your request with documentation dated within the last 3 years: either proof of prior accommodations or an evaluation from a qualified professional.

No request needed for pre-approved items: Prometric pre-approves many personal and medical items, such as eyeglasses, medications, inhalers, insulin pumps, continuous glucose monitors, hearing aids, and mobility aids. Items are visually inspected at check-in. Using a phone as a glucose monitor receiver does require an accommodation request. Contact IPTA at support@traineracademy.org if you are unsure about an item.

1 Candidate Information

First Name | Last Name | Credentials

Name exactly as it should appear on certificate

Employer (if available) | Job Title

Address

City | State / Province | Zip / Postal Code | Country

Mobile Phone | Work Phone | Email

2 Special Testing Accommodations

I request special accommodations as follows (check all that apply):

- ☐ Special seating or other physical accommodation
- ☐ Extended exam time
- ☐ Separate exam room
- ☐ Other (please describe below)

Description of requested accommodation(s)

CANDIDATE: SECTIONS 3 AND 4

3 Supporting Documentation (choose one)

☐ **Option A: Proof of prior accommodations**
I have received the same or similar testing accommodations before, for example through an Individualized Education Program (IEP), a Section 504 Plan, or an approval letter from another testing or certification program, provided within the last 3 years. I have attached proof. If you choose Option A, you do not need to complete Sections 5 through 7.

School, program, or organization that provided the accommodations

Year(s) provided

Accommodations previously provided

☐ **Option B: Professional documentation**
I do not have proof of prior accommodations, or I am requesting accommodations I have not received before. A qualified professional will complete Sections 5 through 7, and I will attach any supporting documentation.

DOCUMENTATION OLDER THAN 3 YEARS
If your condition is permanent or long-standing, you may still submit older documentation. IPTA will review it and may request updated information. IPTA only requests documentation that is reasonable and limited to the accommodations requested.

4 Candidate Certification and Signature

I certify that the information on this form and in any attached documentation is accurate, and that I currently need the accommodations requested above.

Candidate Name (print)

Signature

Date

QUALIFIED PROFESSIONAL: OPTION B ONLY

5 Professional Documentation

Complete Sections 5 through 7 only if the candidate chose Option B. The professional evaluation must be dated within 3 years of the application. For permanent or long-standing conditions, IPTA may accept an older evaluation.

Candidate Name Evaluated

Date of Evaluation

Professional Title / Capacity

I have been informed of the nature of the examination to be administered. It is my opinion that because of this candidate's disability, as described below, they should receive the testing accommodations requested in Section 2.

Description of disability and resulting limitations (please attach any supporting documentation)

If extra exam time is recommended, specify the amount of time requested (for example, 1 extra hour)

6 Professional Information

Professional First Name

Professional Last Name

Credentials

Professional License Number

State / Province of Issue

Job Title

Employer (if available)

Email

Address

City

State / Province

Zip / Postal Code

Country

Mobile Phone

Work Phone

7 Professional Signature

Printed Name

Signature

Date

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