Application Request for Exam Accommodations

If you are making a request for accommodations with Association of Energy Engineers (AEE), you must complete this application. Submission of an accommodation request does not guarantee that exam accommodations will be granted. The AEE Certification Board will review your request and professional recommendations to determine whether a qualifying disability has been properly documented.

1. Be sure to provide all requested information on the application. The individual requesting accommodations must personally submit a written request.

2. In addition to this application and the personal statement from the candidate, the request for accommodation must include a detailed, written report from a qualified medical or psychological professional describing the disability and the resulting limitations and explaining the need for the requested accommodations. It must also include specific recommendations for accommodations deemed appropriate.

3. Sign the questionnaire and personal statement where indicated.

4. The deadline for submitting requests for accommodations is the same as the deadline for applying to take the exam. It is requested that you submit your request and documentation well in advance of the exam registration deadline in case questions arise regarding the request or the documentation submitted in support of that request.

5. Send your request for test accommodations and supporting documentation to the appropriate AEE certification director:

   Helen Johnson
   3168 Mercer University Drive
   Atlanta, GA 30341
   helen@aeecenter.org

   Francine Seskin
   3168 Mercer University Drive
   Atlanta, GA 30341
   fseskin@aeecenter.org

   Michelle Zakin
   3168 Mercer University Drive
   Atlanta, GA 30341
   mzakin@aeecenter.org
Incomplete requests or requests not received by the registration deadline of the requested exam may be denied. Do not include your accommodation request materials with your exam application.

**Application for Candidates Requesting Test Accommodations**

*AEE must receive your request form four weeks prior to the exam date.*

Please type or print.

**Personal Information**

1. Candidate’s name: ____________________________________________

2. Address: ____________________________________________________

   _____________________________________________________________

3. Phone:_____________________________________________________

4. E-mail address: _____________________________________________

**Special Request**

5. Accommodations are requested for the following exam: ________________

   Exam date (month and year): ______________________________________

   Exam location (city and state): ____________________________________

6. Nature of disability: ___________________________________________

7. When was your disability first professionally diagnosed? ________________

   _______________________________________________________________

   _______________________________________________________________

   _______________________________________________________________
8. I would like to request the following testing accommodation(s):
   - [ ] Extended testing time, indicate amount of time _________________
   - [ ] Separate testing area
   - [ ] Special seating, please describe: ___________________________
   - [ ] Wheelchair accessible testing site
   - [ ] Other special accommodations (please specify):

9. Have you received prior classroom or test accommodations? __________________________

10. If yes, complete the table below to indicate other exams in which you have received
    accommodations.

    | Exam | Exam Date | Accommodation(s) Received | Amount of Extra Time |
    |------|-----------|----------------------------|----------------------|
    | PE   |           |                            |                      |
    | LEED |           |                            |                      |
    | GRE  |           |                            |                      |
    | GMAT |           |                            |                      |
    | OTHER|           |                            |                      |

11. To document your need for accommodation as completely as possible, describe your
disability and its impact on your daily life, and your inability to take the AEE exam under
standard conditions on the attached **personal statement**.

12. Include a **current evaluation** or statement from a qualified medical or psychological
    professional that identifies a specific diagnosis and recommendations for
    accommodations.

    *If clarification or further information regarding the documentation provided is needed, I
    authorize AEE to contact the professional(s) who diagnosed the disability and/or those entities
    that have previously provided me with accommodations. I authorize such professional(s) and
    entities to communicate with AEE in this regard and to provide AEE with copies of relevant
documents. I also authorize AEE to provide information and documents relating to my request,
and its discretion, to third-party consultants who have expertise that is relevant to the disability
which prompted my request for accommodations.*

    Signature: ___________________________________________ Date: __________________________
**Personal Statement and Current Evaluation**

Use this space to complete Item 13 from the Application Request for Exam Accommodations.

Describe below the conditions(s) for which you are seeking exam accommodations and the impact that the condition has on your daily life, and your inability to take the AEE exam under standard conditions.

In addition, attach a current evaluation or statement from a qualified medical or psychological professional stating a specific diagnosis and recommendations for accommodations.

**Please type or print.**

Signature: ___________________________ Date: ___________________________