



## 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:

Crystal Xiong  
3168 Mercer University Drive  
Atlanta, GA 30341  
[crystal@aeecenter.org](mailto:crystal@aeecenter.org)

Francine Seskin  
3168 Mercer University Drive  
Atlanta, GA 30341  
[fseskin@aeecenter.org](mailto:fseskin@aeecenter.org)

Michelle Zakin Leclerc  
3168 Mercer University Drive  
Atlanta, GA 30341  
[mzakin@aeecenter.org](mailto: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? \_\_\_\_\_

Please include documentation of accommodations you have received in the past.

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			
COLLEGE			
OTHER (Please list)			

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. This needs to be provided on the qualified professionals letterhead and should include their contact information, license number and signature. A DSM-5 or ICD diagnosis is acceptable. Documentation from your qualified professional should reflect an evaluation done preferably within 5 years of the date on which you submit your request 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**

13. 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.

**Please type or print.**

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