



ADA Testing Accommodations Request Form

APPLICANT INFORMATION										
NAME	FIRST	M.I.	LAST							
ALSO KNOWN AS					SS #					
DATE OF BIRTH		MM	DD	YYYY		GENDER		<input type="checkbox"/> F	<input type="checkbox"/> M	<input type="checkbox"/> X
MAILING ADDRESS		STREET						APT. #		
CITY				STATE		ZIP				
EMAIL ADDRESS										
PRIMARY PHONE					SECONDARY PHONE					
ADA TESTING ACCOMMODATIONS										
<p>Briefly describe the disability or disabilities that limit/s one or more of your major life activities:</p> 										
STATEMENT OF ACKNOWLEDGEMENT										
<p>By signing below, I hereby affirm that I have read, understand and agree to all of the information provided in the ADA Testing Accommodations Handbook and on this form. If the information provided in support of this application is not sufficient, I authorize FSMTB to obtain additional information from the professionals and educational institutions who treated or evaluated my disability. Additionally, I authorize such professionals and educational institutions to provide the FSMTB with such clarification and/or further information as needed. The information obtained by this authorization will not be released or disclosed to any person or organization except the referenced parties and any other governmental agency that may be involved in acting upon my request for reasonable accommodations in connection with the massage therapy licensure process. I agree that this authorization shall be valid until cancelled or revoked in writing by me.</p> <p>I understand that FSMTB reserves the right to make a final determination as to whether any requested accommodation is warranted and appropriate.</p> <p>Under penalties of perjury, I declare that the foregoing statements and those in any required accompanying documents or statements are true. I understand that false information may be cause for denial of access to the MBLEx and other FSMTB programs and services, invalidation of examination result(s), denial of access to future examination(s), and notice of such actions to FSMTB membership.</p> <p>I hereby certify that I personally completed this application and that I may be asked to verify the above information at any time.</p>										
SIGNATURE					DATE					
<p>For more complete details, please refer to the ADA Testing Accommodations Handbook.</p> <p>Please direct questions to: ada@fsmtb.org 866.962.3926</p> <p><i>Please keep a copy of all documentation, including this form, for your records.</i></p> <p>Submit the completed form and supporting documents to: FSMTB, ADA Manager ada@fsmtb.org</p>										