

## Request for CITP Professional Examination Testing Accommodations Form

Updated January 1, 2023

## Overview

FITT is committed to ensuring equal access and participation for all candidates writing the CITP Professional Examination. If you have a disability or other unique accessibility need and require adapted access to your exam, you may request a testing accommodation. FITT strives to accommodate all requests to the extent that we are reasonably able. To request a testing accommodation:

- Review this form and the *Testing Accommodations for Applicants with Disabilities* section of the *CITP Candidate Handbook* understand all accommodation requirements.
- Collect relevant supporting documentation provided by an appropriate certified or licensed professional, on the professional's letterhead, which identifies the specific recommendations for accommodation.
- Complete this form.
- Submit your completed form and required supporting documentation to <u>certification@fitt.ca</u> at least 30 days prior to your **intended** examination date. Confirmation of receipt will be provided by FITT within 3 business days. Note: You must submit this form prior to scheduling your exam.
- Approved accommodations will be communicated by email to the exam administrator and requesting candidate.

All personal information provided as a part of your testing accommodation request will be used for the sole purpose of reviewing and granting your accommodation.

The certification program may retain consultation to evaluate reasonable accommodation requests.

First Name	Last Name	Credentials
Name exactly as you wo	ould like it to appear on your certificat	re
Employer		Job Title
Address		
City	State/Province	Zip/Postal Code
Country	Mobile Phone	Work Phone
Primary Email		
Alternate Email		
Special Testing Ac I request special accomm	commodations nodations as follows (check all that ap	ply):
☐ Physical accomm	odation	
☐ Extended exam t requested.	ime. If additional time is recommende	ed, please specify the amount of time
☐ Access to food/m	nedication	
☐ Other (please de	scribe):	
Please provide rational fo	or testing accommodation request:	
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**Candidate Information** 

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Professiona relevant su	onal Documentation al evaluation must have been made no earlier than 3 years prior to application. You must submit pporting documentation provided by an appropriate certified or licensed professional, on the al's letterhead, which identifies the specific recommendations for accommodation.		
	nd Conditions and submitting this form, I understand and agree to abide by the following terms and		
•	I have reviewed and understand the <i>Testing Accommodations for Applicants with Disabilities</i> policy outlined in the <i>CITP Candidate Handbook</i> .		
•	All decisions by FITT to grant testing accommodations are made on a case-by-case basis and are discretionary.		
•	If a testing accommodation is granted, it only applies to the current examination administration for which I am applying.		
•	FITT may take up to 15 days after receipt of all required documentation to review my request.		
•	Incomplete information on this form and/or insufficient supporting documentation may result in a delay processing my request, or the inability to grant my accommodation. Supporting documentation must be current (i.e. from within the last three years).		
•	All personal information submitted will only be used for the purpose of reviewing and granting my accommodation.		
Signature			