



Request for Special Accommodations For NETA Certification Exam

The NETA Certification Board (NETA-CB) complies with the Americans with Disabilities Act (ADA). The NETA-CB strives to ensure that no individual with a qualified disability shall be deprived of the opportunity to take a NETA-CB certification examination solely by reason of that disability.

Please refer to the *Exam Candidate Handbook* for complete information regarding special accommodations for NETA-CB certification exams. Candidates with a qualifying disability may be eligible for special accommodations. To request special accommodations for a NETA-CB examination, the candidate must complete and submit this form, accompanied by a completed Health Care Professional Authorization form and supporting documentation. All requests for special accommodations must be received by NETA at least 30 business days prior to the scheduled exam date.

TO BE COMPLETED BY EXAM CANDIDATE

Name: _____ NETA Customer ID: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone: _____

Exam Location: _____ Exam Date: _____

Is this a retake of the exam? Yes No

If yes, have you received special accommodations for prior NETA certification exam(s)? Yes No

Description of Disability: _____

Special Accommodation(s) Requested : _____

I understand that NETA will use the information disclosed in this Request for Special Accommodations and the accompanying Health Care Professional Authorization form to determine eligibility for reasonable accommodations for a NETA-CB certification examination by reason of a qualified disability. I understand that NETA reserves the right to make additional inquiries regarding my disability and previous accommodations before making a determination whether to provide the accommodations I have requested. I understand that NETA is unable to grant accommodations that may compromise the validity and/or security of the exam.

Candidate's Signature Date

Send this form, along with the Health Care Professional Authorization form and all supporting documentation, to:

**NETA • 12800 Industrial Park Blvd., Suite 220 • Minneapolis, MN 55441
Fax: 1-763-545-2524**



Health Care Professional Authorization Form

For NETA Certification Exam Special Accommodations

TO BE COMPLETED BY EXAM CANDIDATE

I, _____ (printed name of candidate), hereby authorize the health care professional identified below to release the information requested by NETA relating to my disability and the request for special accommodations appropriate to my qualified disability to take the NETA Certification Board's (NETA-CB) certification examination.

(Candidate's Signature)

(Date)

TO BE COMPLETED BY A HEALTH CARE PROFESSIONAL

The candidate/patient identified above is requesting special accommodations to sit for a National Exercise Trainers Association (NETA) certification examination. The NETA Certification Board's (NETA-CB) policies require candidates requesting special accommodations to submit documentation of their disability from a qualified health care professional. The candidate is requesting that you provide such documentation. Please submit your report describing the need for special accommodations on official letterhead to accompany this completed form. Please include:

- an explanation of the candidate's disability,
- the disability diagnosis (including the DSM-5 classification for any diagnosis of a learning disability),
- types of tests/evaluations used and interpretation of test scores leading to the diagnosis, and
- the rationale for special accommodations necessitated by this disability.

If the candidate did not receive special accommodations during higher education, then please provide an explanation regarding why accommodation are being requested at this time for this examination.

Finally, please indicate your special accommodation recommendation(s) for this candidate in the space provided below.

Recommended Special Accommodation(s): _____

Health Care Professional's Signature

Date

Send this completed form, corresponding report, and the candidate's
Request for Special Accommodations to:

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