



APPLICATION FOR SPECIAL TESTING ACCOMMODATIONS DUE TO A RELIGIOUS CONFLICT

Instructions:

- A. Who Should File the Application:** Candidates seeking accommodation due to religious conflicts should complete this application. If applying for an Americans with Disabilities Act (ADA) Accommodation, **do not complete this application.** Request an ADA accommodation application.
- B. Application Submission Deadline:** Completed applications should be submitted at least sixty (60) days prior to the examination for which you are requesting special testing accommodations or by the final published application deadline (month and year) for the examination that you are requesting an accommodation. If submitted with less than sixty (60) days until the examination or after the application deadline, accommodations will not be provided.
- C. Required Documentation:**
- Application and
 - A letter from the priest, rabbi or cleric of the church or religious group of which you are a member is required, confirming that you are a current member. The letter should explain what the religious conflict is.
- D. Review:** A review of each application will be completed after receipt of each submission. The department will defer the review of each application until all necessary documentation is completed and submitted.
- E. Type or Print All Information on the Application.** Do not leave sections blank, insert “N/A” if the section does not apply.
- F. Mailing information:**
Submit your application and any supplemental documentation you are sending with your application to the following address:

Department of Health
Division of Medical Quality Assurance
ATTENTION: ADA Accommodations
4052 Bald Cypress Way, Bin # C-91
Tallahassee, FL 32399-3250

Note: Do not send your application for special testing accommodations to the board office. Do not mail your application for licensure or examination to this address because this will delay action on your application.

NATURE OF REQUEST (attach a separate sheet if needed)

1. What accommodations are you requesting? (Check all that apply)

Alternative Date

Other (please explain): _____

2. In detail, describe the religious conflict you have with the examination:

REQUIRED LETTER

1. Attach a letter from the priest, rabbi or cleric of the church or religious group of which you are a member, confirming that you are a current member. The letter should explain what the religious conflict is.

CERTIFICATION / AUTHORIZATION

I certify that the above information is true and accurate. If the test accommodations granted to me include a deviation from the standard testing time schedule, I agree that, from the time I begin the examination until I have completed it, I will not communicate in any way, to the extent possible, with any other individuals taking the examination and I will not communicate in any way with any such individuals about the content of the examination.

Signature: _____

Date: _____