

Exam Accommodations Request Form

Is This the Right Form for Your Request?

Language Assistance

If you need to request a bilingual translation dictionary or other translation support for the exam, please review the [language assistance information](#) and then complete the [ICF Exam Language Support Request Form](#).

Personal Medical Items

Items listed on the [Pearson VUE Approved Comfort Aids](#) list are pre-approved for exam candidates and do not require submission of the Accommodations Request Form or supporting documentation. Proctors will ask to visually inspect these items on exam day. Please review the list of comfort aids from [Pearson Vue](#).
NOTE: Medicine in liquid form requires an accommodation request and supporting documentation.

Special Notes on Accommodation Requests

Test Center Only Accommodations Availability

NOTE: Some accommodations are only available in Pearson VUE testing centers and are not available via Pearson's OnVUE remote testing service to ensure test security. These include, but are not limited to:

*Frequent or Unscheduled Breaks
Reading Out Loud
Medical Devices requiring cell phone monitoring*

Supporting Documentation

Candidates requesting an exam accommodation(s) must provide supporting documentation that verifies the candidate's functional limitations and the accommodations needed to access the exam. This may be documentation provided by a qualified, professional evaluator (i.e., physician, psychologist, psychiatrist, etc.) verifying the disability or qualifying medical condition, the impact of the disability on the candidate's ability to access the exam, and the modifications needed, OR documentation of a prior approval for the accommodation for a similar testing experience. For full details on the elements needed in the supporting documents, please visit the [Exam Accommodation page](#) of the website.

Implementation Plans

Some accommodations require an implementation plan to allow coordination between ICF and PearsonVUE to ensure the approved accommodation(s) are available for the candidate's exam. The PearsonVUE accommodations team will reach out to the candidate to schedule their appointment after the implementation plan has been finalized.

Nursing Mothers

Candidates requiring a Nursing Mothers accommodation must complete the ICF Exam Accommodations Request Form, however supporting documentation is not required. For more information about the accommodation for nursing mothers please visit the [Exam Accommodations page](#) on the ICF website.

First Name_____
Last Name_____
Country_____
Telephone Number_____
Email Address**Preferred Testing Method:** Test Center OnVUE Remote*Please indicate the accommodation(s) you wish to request.*

Accommodations identified with an * are automatically approved with a private testing room, if testing at a Test Center, to prevent distractions to other test-takers.

Available in Test Center and OnVue

- Extended Time (please specify): _____
- Food* Beverage (if testing in person)
- Medicine (liquid suspension)
- Reader* Scribe*
- Screen Reader (please specify): _____
- Sit / Stand Desk*
- Medical Device - NOT requiring any cell phone monitoring (please specify): _____

Available ONLY in Test Center

- Frequent / Unscheduled Breaks
- Read Out Loud*
- Medical Device - requiring cell phone monitoring* (please specify): _____

*Other Accommodation Request – please specify***Release of Information**

I grant permission to school officials, employers and/or my healthcare provider(s) to release records related to my education, medical or psychological history to ICF Credentials and Standards and its designee solely for the purpose of reviewing my request for exam accommodations.

Candidate Signature_____
Date

By signing and submitting this ICF Credentialing Exam Accommodations Request Form, I consent to the transfer, collection, processing and use of my information by ICF Credentials and Standards, in accordance with the International Coaching Federation privacy policy, solely for the purpose of evaluating and providing the requested exam accommodation(s). I affirm that all information provided in this form is accurate, and I authorize ICF Credentials and Standards to verify any information submitted with this request.

Further, I understand that ICF Credentials and Standards may disclose and transfer such information to testing provider partners, only as reasonably necessary to provide the requested exam accommodation(s) at the testing site. Such information will be treated with strict confidentiality.

Candidate's Printed Name_____
Signature_____
Date****Please upload completed page 2 of the form with any required documentation to your credential application****