

Appendix D: Healthcare Documentation

AVIXA (CTS, CTS-D, CTS-I) Exam - Healthcare Documentation of Disability Related Needs

This section must be completed by a licensed healthcare provider who has been personally involved in the diagnosis or treatment of the disability for which you are requesting accommodation, OR an educational or testing professional who has previously provided you with testing accommodations similar to those requested. This form must accompany the Request For AVIXA (CTS, CTS-D, CTS-I) Exam Special Accommodations Form.

Professional Documentation

I have known _____ (Exam Applicant's Name) since _____ (Date) in my capacity as a _____ (Professional Title)

The applicant has discussed with me the nature of the exam to be administered. It is my opinion that, because of this applicant's disability described below, he/she should be accommodated by providing the special arrangements listed on the reverse side.

Comments _____

Signed: _____

Print Name: _____

Title: _____ Date: _____

License # (if applicable) _____

*Return this form with your exam application information and the "Request for AVIXA (CTS, CTS-D, CTS-I) Exam Special Accommodations" to the certification office a **minimum of 45 days** prior to the date you wish to take the exam. Please call the AVIXA Certification Office, if you have any questions about procedures in completing this application.*

AVIXA, Attn. Certification Office
11242 Waples Mill Rd., Suite 200
Fairfax, VA 22030