STATE OF MISSOURI
DIVISION OF PROFESSIONAL REGISTRATION
MISSOURI STATE COMMITTEE OF PSYCHOLOGISTS

REQUEST FOR TESTING ACCOMMODATIONS

CHECK ALL THAT APPLY

☐ EPPP ☐ Jurisprudence Examination ☐ Oral Examination

- The State Committee cannot review your request until you submit the form and all relevant documentation.
- Section 2 of the form must be completed by a licensed practitioner (physician or psychologist) authorized to diagnose the condition for which you are requesting the accommodation.
- You must submit a copy of the most recent evaluation related to the diagnosis and applicable testing results with this form. The documentation must demonstrate all criteria for the condition for which you are requesting the accommodation are met.
- The requested accommodation must be:
    - As specific as possible;
    - Directly related to your condition;
    - As recent as possible; and
    - Essential to your ability to complete the examination(s)

SECTION 1: COMPLETED BY THE APPLICANT REQUESTING THE ACCOMMODATION

NAME:

MISSOURI PROVISIONAL LICENSE NUMBER, IF APPLICABLE:

NAME OF LICENSED HEALTH CARE PROVIDER

DIAGNOSIS RELATED TO NEED FOR ACCOMMODATION:

HOW THE CONDITION(S) IMPACT YOUR ABILITY TO TEST:

REQUESTED ACCOMMODATION(S):

SIGNATURE OF APPLICANT:

DATE:

SECTION 2: COMPLETED BY THE LICENSED HEALTH CARE PROVIDER (PLEASE ATTACH DOCUMENTATION SUPPORTING THE INFORMATION RELATED TO THE APPLICANT BELOW.)

NAME:

STATE OF LICENSURE:

LICENSE NUMBER:

SPECIALTY CERTIFICATION/QUALIFICATIONS, IF APPLICABLE:

DIAGNOSIS OF APPLICANT:

DATE OF INITIAL DIAGNOSIS(ES) AND TREATMENT:

DATE OF MOST RECENT TESTING OR EVALUATION:

TREATMENT/MEDICATION HISTORY:

CURRENT TREATMENT/MEDICATION STATUS:

SPECIFIC ACCOMMODATION(S) REQUESTED:

RATIONALE FOR REQUESTED ACCOMMODATIONS:

SIGNATURE OF MEDICAL PROVIDER:	DATE: