Candidate: The completed and signed Accommodation Request form must be sent to TMA at least five business days before the scheduled testing date so that the appropriate approval and accommodations can be made.

Turnaround Management Association, Attention: Certification

150 S. Wacker Drive, Suite 900 • Chicago, IL 60606
Phone: (312) 578-6900 • Fax: (312) 578-8336 • Email: certification@turnaround.org

ACCOMMODATION REQUEST

Candidates with disabilities covered by the Americans with Disabilities Act must complete the top portion of this form and have an appropriate licensed professional provide a letter, or evidence of a prior diagnosis or accommodation, in order for the accommodation request to be processed. The form must be submitted to TMA at least five business days before the scheduled testing date so that the appropriate approval and accommodation can be made.

CANDIDATE INFORMATION

To be completed by candidate

Name: _____
First MI Last Suffix

Address: _____

City: _____ State: _____ Zip: _____

Daytime Telephone: _____ Email: _____

Exam for which accommodation is being requested:

○ Law ○ Accounting/Finance ○ Management

Exam Date(s): _____ Location: _____

Note: Each multi-line field has a maximum number of characters accepted. If you need additional space for any question, please attach a separate sheet.

Reason for request:

Type of accommodation requested:

DOCUMENTATION OF A DISABILITY

Candidates requesting an accommodation for a disability must provide a letter from a physician or other professional, or provide evidence of a prior diagnosis or accommodation.