



IDFPR

Illinois Department of
Financial and Professional Regulation

Division of Professional Regulation

idfpr.illinois.gov

JB PRITZKER
Governor

MARIO TRETO, JR.
Secretary

CAMILE LINDSAY
Director

REASONABLE ACCOMMODATIONS REQUEST FORM

A qualified individual with a disability and/or whose second language is English may request reasonable accommodations in conjunction with professional licensing examinations. Reasonable accommodation means a modification to application procedure, permission to use aids, access to the testing site, adjustment to the testing process or time schedule that would enable a person with a disability or English as a second language (ESL) status to complete a particular examination. IDFPR is not required to provide accommodations that would impose undue hardship on the operations of their programs.

If your examination is listed on page 3 of this form – do not complete this form – instead follow the instructions on page 3 to request ADA and/or ESL accommodations from the appropriate national examination entity. A request for religious accommodations may be made using the form on page 4.

Completed forms should be submitted to the testing Vendor(s) at ADA@continentaltesting.net with a copy to the IDFPR EEO/AA Officer and/or the ADA Coordinator at FPR.EEO@illinois.gov. The agency EEO/AA Officer and/or the ADA Coordinator can respond to questions about the accommodation process. This form or a letter written by the applicant containing the same information must be provided to the testing vendor(s) with any supporting documentation attached in order for a reasonable accommodation request to be granted.

Name:	Type of License/Professional Examination for which you are applying:
Examination date:	Email address:
Vendor: CTS (Continental Testing Services)	Phone number:

SPECIFY NATURE OF DISABILITY OR ESL STATUS – ARE YOU OR DO YOU HAVE:

- ☐ DEAF ☐ HARD OF HEARING ☐ BLIND ☐ VISUALLY IMPAIRED ☐ A PHYSICAL DISABILITY
☐ A PSYCHOLOGICAL DISABILITY ☐ A SPECIFIC LEARNING DISABILITY ☐ ESL STATUS
☐ OTHER: _____

IF YOU HAVE A DISABILITY, HOW LONG HAVE YOU HAD YOUR DISABILITY? _____

SUPPORTING DOCUMENTATION - Submit at least one of the following with this form:

- ☐ Recommendation(s) of qualified professional(s);
☐ Proof of past testing accommodations;
☐ Observation(s) by educator(s);
☐ Results of psycho-educational or other professional evaluations;
☐ An applicant's history of diagnosis; and/or
☐ An applicant's statement of his or her history regarding testing accommodations.

PAST ACCOMMODATIONS RECEIVED - Indicate if you have received accommodations as follows:

☐ in high school ☐ during ACT/SAT or other standardized exams ☐ in post-secondary school / college

TYPES OF SPECIFIC ACCOMMODATIONS RECEIVED AND WHEN/WHERE RECEIVED

Please attach supporting explanation if needed and documentation if available:

- ☐ Modification of equipment or devices: _____
- ☐ Structural modification of test site or facility: _____
- ☐ Separate quiet testing area: _____
- ☐ Permission to bring food or medications into the testing area: _____

- ☐ Extra breaks or rest periods: _____
- ☐ Extra testing time: _____
- ☐ Reader: _____
- ☐ Sign language interpreter: _____
- ☐ Recorder (scribe): _____
- ☐ Use of a word-to-word translation dictionary, including language: _____

- ☐ Other: _____

CERTIFYING STATEMENT:

I hereby certify that the statements herein and any attachments provided are true and correct:

Signature of Applicant

Date

FOR DEPARTMENT/VENDOR USE ONLY:

Vendor review and recommendation: ☐ Approve ☐ Approve with modification & review by IDFPR:

IDFPR ADA Coordinator recommendation: ☐ Approve ☐ Approve with modification: _____

FOR THE FOLLOWING EXAMINATIONS, PLEASE SUBMIT THE FORM PROVIDED BY THE APPLICABLE NATIONAL EXAM ORGANIZATION AS INSTRUCTED BELOW TO OBTAIN ADA AND/OR ESL ACCOMMODATIONS INSTEAD OF IDFPR'S REASONABLE ACCOMMODATIONS FORM:

Environmental Health Practitioner – After approval to test has been issued by IDFPR and CTS, please request accommodations through NEHA directly - see website: [NEHA Instructions - Accommodations](#), and email credentialing@neha.org to request ADA forms at least 8 weeks before the exam.

Marriage and Family Therapist – After approval to test has been issued by IDFPR and CTS, please apply to take the exam with PTC and complete their Request for Test Accommodations Form (available here: <https://ptcny.com/candidate-corner/request-accommodations/>) and upload both sides of that Form to your application. You will be contacted by PTC regarding your requested test accommodations. Note: The lead time for ADA accommodations is 8 weeks.

Registered Pharmacist – After approval to test is received from CTS, submit the ADA request form (here: <https://nabp.pharmacy/wp-content/uploads/2023/04/ADA-Accommodation-Request-Form.pdf>) from NABP with the online application - <https://nabp.pharmacy/programs/examinations/naplex/#steps-to-apply>

Licensed Clinical Social Worker – After approval to test has been issued by IDFPR and CTS, please request accommodations through ASWB directly - see ASWB website: [Nonstandard testing arrangements - Association of Social Work Boards](#) - You must request and receive approval for nonstandard testing arrangements before you register with ASWB to take the exam. Do not register for an examination until you receive the ASWB decision letter email.

Veterinarian – Applicants need to apply through [NAVLE | ICVA](#) and to IDFPR for licensing, indicate in both your NAVLE application and your NAVLE state application that you are requesting accommodations, and follow the instructions and complete these forms: [NAVLE Accommodations Request Packet.pdf](#)

Veterinary Technician – As of December 15, 2025, VTNE exam registration will be through AAVSB. Current exam applicants who registered through Continental Testing and who were not approved for or who failed the exam may reapply starting December 15 through AAVSB. New applicants will apply directly to AAVSB. Licensure candidates will not apply to IDFPR until after they have passed the VTNE. For more information or to register for the exam, visit [AAVSB](#). All questions regarding the exam should be directed to AAVSB using their [Contact Us](#) form.



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RELIGIOUS ACCOMMODATIONS REQUEST FORM

This form is to be completed by an applicant for examination who is requesting a religious accommodation.

Completed forms should be submitted to the testing Vendor(s) at ADA@continentaltesting.net with a copy to the IDFPR EEO/AA Officer and/or the ADA Coordinator at FPR.EEO@illinois.gov. The agency EEO/AA Officer and/or the ADA Coordinator can respond to questions about the accommodation process. This form or a letter written by the applicant containing the same information must be provided to the testing vendor(s) with any supporting documentation attached in order for a religious accommodation request to be granted.

Name:	Type of License/Professional Examination for which you are applying:
Examination date:	Email address:
Vendor: CTS (Continental Testing Services)	Phone number:

Please identify the religious practice or sincerely held belief for which you are seeking accommodation:

Please describe the way in which your religious practice or sincerely held belief conflicts with an examination practice or schedule:

What specific accommodation are you requesting?

CERTIFYING STATEMENT:

I hereby certify that the statements herein and any attachments provided are true and correct:

Signature of Applicant

Date