

# Request for Exam Accommodation

Please provide ten business days notice prior to exam date.

This form is to be completed and submitted directly to the National Restaurant Association (Association) by the Instructor or Proctor or Organization administering the exam. If an examinee submits this form directly to the (Association), the form will not be processed. Please provide the following information and fax the form to 866.665.9570 (toll-free), or to 312.583.9853 (local direct).

## Section I. Reason for the accommodation request. (Check the appropriate box and read)

### A.D.A. DISABILITY

#### Documentation required for Accommodation

Submit an official report that meets the following criteria for documenting the disability:

- Written by a professional appropriately qualified for evaluating the disability. This individual is designated as the "Certified Examiner."
- Includes the examinee's name, date of birth and the date of diagnosis or evaluation.
- Signed by certified examiner.
- Printed on the certified examiner's letterhead, which must include the certified exams credentials, title, address and telephone number.
- The reader may NOT be a distraction to the other students in the class.

**INTERPRETER NEEDED** Where an interpreter is needed for a language not offered, an examinee with limited proficiency in English is permitted to hire and pay for a qualified interpreter to assist the Proctor in administering the exam.

#### Documentation required for Interpreter

Examinees who want to use an interpreter must submit the credentials of the interpreter, to include a copy of a business card or letterhead.

- The interpreter needs to be fluent in both English and the examinee's native language.
- The Interpreter may NOT be a distraction to the other students in the class.
- The interpreter may have no personal or business relationship with the examinee or be registered as an instructor or proctor with the Association.
- The Interpreter may not interpret subjective opinions or provide cues to the examinee.
- The interpreter must sign and return the attached Confidentiality Agreement.

## Section II. Examinee Information

Examinee Name \_\_\_\_\_

Daytime Telephone \_\_\_\_\_

Email \_\_\_\_\_

Description/Reason that qualifies the examinee for the accommodation (use separate sheets if needed) \_\_\_\_\_

Type of assistance requested \_\_\_\_\_

## Section III. Instructor/Proctor/Organization Information

Date sent to the National Restaurant Association \_\_\_\_\_

Contact Email Address \_\_\_\_\_

Organization Name and Address \_\_\_\_\_

Proctor Name and Registration Number \_\_\_\_\_

Proctor Contact Telephone \_\_\_\_\_

Date of Exam \_\_\_\_\_

Contact Name (if different from the Proctor) \_\_\_\_\_

Contact Telephone (if different from the Proctor) \_\_\_\_\_

### NATIONAL RESTAURANT ASSOCIATION INTERNAL USE ONLY

Date Received \_\_\_\_\_

Date Documentation Received \_\_\_\_\_

Reviewed by \_\_\_\_\_

Date \_\_\_\_\_

**Approved**

Type of accommodation \_\_\_\_\_

**Not Approved**

Reason \_\_\_\_\_

## Interpreter Nondisclosure and Confidentiality Agreement

*Please return this Nondisclosure and Confidentiality Agreement with the Accommodation Request Form*

This Interpreter Nondisclosure and Confidentiality Agreement (hereafter “**Agreement**”) is made on this date, as listed below, by Interpreter and between the National Restaurant Association Solutions, LLC.

The content reviewed is considered privileged and strictly confidential information. All information will be considered proprietary and confidential information and will be held in strictest confidentiality and by all participants who will be held liable for any breach of this **Agreement**.

This **Agreement** shall be governed by, construed in accordance with, and enforced solely in the State of Illinois. Each party agrees any claim or action relating to the **Agreement** shall be commenced exclusively in an appropriate court in the State of Illinois and each party waives any objection to personal jurisdiction in such court the party may otherwise have.

The parties agree that this **Agreement** shall be interpreted and enforced according to the State of Illinois. That the **Agreement** represents the entire **Agreement** between the parties and supersedes any prior oral or written agreement, understanding or communication on the subject matter. The provisions hereof shall be binding upon and inure to the benefit of the parties and their successors.

### Interpreter

By \_\_\_\_\_

Signed \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_

### National Restaurant Association Solutions, LLC

By \_\_\_\_\_

Signed \_\_\_\_\_

Title \_\_\_\_\_

**REPRESENTING, EDUCATING AND PROMOTING THE RESTAURANT / HOSPITALITY INDUSTRY**

175 West Jackson Boulevard, Suite 1500, Chicago, IL 60604-1307

Phone: 800.765.2122, ext. 6703 Web sites: [www.restaurant.org](http://www.restaurant.org) | [www.nraef.org](http://www.nraef.org) | [www.servsafe.com](http://www.servsafe.com)