

**Alabama Department of Public Health
Office of Radiation Control**

**REQUEST FOR DISABILITY ACCOMMODATION
FOR INDUSTRIAL RADIOGRAPHY EXAMINATION**

If you have a disability requiring appropriate accommodations in taking the industrial radiography examination, be sure to complete and submit this form along with the examination application. In addition, attach a statement on letterhead stationery, from a professional who is familiar with your disability, which describes the disability and the type of accommodation needed. This professional could be a physician, psychologist, rehabilitation counselor, or other professional.

1. Specify any disability-related needs that we should be made aware of in order to provide appropriate accommodations for this examination.

2. Specify any prior accommodations you have received for this disability in an examination setting. If needed, have a professional familiar with this disability complete this information.

3. If you have NOT had prior disability accommodations for an examination, have the appropriate professional help you answer this question who knows your disability and the type of accommodation needed.

Sign and date the bottom of this form. The professional who helps you must also sign and date this form.

Applicant's Signature

Date

Professional's Signature

Date