APPLICATION FOR SPECIAL TESTING ACCOMMODATIONS DUE TO A RELIGIOUS CONFLICT



Prepared by Practitioner Reporting & Examination Services Bureau of Operations Division Of Medical Quality Assurance

Completion of this form meets the requirements under 64B-1.005, Florida Administrative Code (F.A.C.), for candidates requesting special testing accommodation due to a religious conflict

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APPLICATION FOR CANDIDATES REQUESTING SPECIAL TESTING ACCOMMODATIONS DUE TO RELIGIOUS CONFLICTS

INSTRUCTIONS:

- A. Application Submission Deadline: This application should be submitted and completed sixty (60) days prior to the examination that you are requesting an accommodation for or by the final published application deadline (month and year) for the examination that you are requesting an accommodation.
- **B. Who Should File the Application:** Candidates seeking accommodation due to religious conflicts should complete this application. If applying for an Americans with Disabilities Act (ADA) Accommodation, **do not complete this application.** Request an ADA accommodation application.
- C. Documentation Needed: Requests must be supported by documentation certifying the accuracy of the request. A letter from the priest, rabbi or cleric of the church or religious group of which you are a member is required, certifying that you are a current member. The letter should explain what the religious conflict is.
- **D. Review:** Review of a request for test accommodations will be **deferred** until the necessary documentation is submitted.
- E. Please type or print all information on the application. Do not leave sections blank.
- **F. Attach Documentation:** Attach documentation to the application.
- G. Returning the Application: Mail your completed application and documentation to:

 Department of Health

 Bureau of Operations, Practitioner Reporting & Examination Services

 ATTENTION: Special Testing Coordinator

 4052 Bald Cypress Way, Bin # C-90

 Tallahassee, FL 32399-3260

Phone: (850) 245 - 4444 ext 3443 Fax: (850) 487-9537

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SEC	TION 1: PERSONAL DA	TA			
a.	Name:	Middle Init			
	First	Middle Init	ial	Last	
b.	Mailing Address:				
	City	State/Province	Zip C	Code	
c.	Phone Numbers				
	()	(Home)	()	(Work)	
d.	Email Address:			_	
SEC	TION 2: EXAMINATION	FOR WHICH ACCO	MMODATIO	N IS REQUESTED	
OLO	TION 2. EXAMINATION	OK WINGII ACCO		N IO NEQUESTED	
a. F	Profession:				
b. N	nonth/Year of Exam:				
c. N	lame of the Examination	ı (check all those th	at pertain a	nd identify by name):	
☐ (1) Laws and Rules					
	☐ (2) National				
	(a) Practical				
(b) Written (c) Specialty (if applicable):					
		t applicable):			
	□ (3) State Exam (a) Written				
	(b) Practical				
(c) Specialty(ies) (if applicable):					
	☐ (4) Other (specify):	, , , ,			
SECTION 3: NATURE OF REQUEST (attach a separate sheet if needed)					
	Religious Conflict				
□ a. alternate date □ b. other					
	If Other explain: _				

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SECTION 4. Describe the religious conflict	you have with the examination in detail.
SECTION 5. Attach a letter from your priest current member of the church or religious conflict in detail.	
SECTION 6. Certification/Authorization:	
I certify that the above information is true and accurate. If test the standard testing time schedule, I agree that, from the time I communicate in any way, to the extent possible, with any communicate in any way with any such individuals about the communicate.	I begin the examination until I have completed it, I will not other individuals taking the examination and I will not
Signature:	Date:

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