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

Copyright © 2011 Florida DOH
DH-MQA 4001, Revised 2/2011
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
APPLICATION FOR CANDIDATES REQUESTING SPECIAL TESTING ACCOMMODATIONS DUE TO RELIGIOUS CONFLICTS

SECTION 1: PERSONAL DATA

a. Name: _____________________________________________________________
   First   Middle Initial   Last

b. Mailing Address: ___________________________________________________
   _____________________________________________________________
   City State/Province Zip Code

c. Phone Numbers
   (____)_______________ (Home)   (____)_______________ (Work)

d. Email Address: ________________________________

SECTION 2: EXAMINATION FOR WHICH ACCOMMODATION IS REQUESTED

a. Profession: ________________________________________________

b. Month/Year of Exam: _____________________________

c. Name of the Examination (check all those that pertain and identify by name):
   □ (1) Laws and Rules
   □ (2) National
      (a) Practical ______
      (b) Written ______
      (c) Specialty (if 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: ________________________________________________
   _____________________________________________________________
SECTION 4. Describe the religious conflict you have with the examination in detail.

___________________________________________________ ________________

___________________________________________________ ________________

___________________________________________________ ________________

SECTION 5. Attach a letter from your priest, rabbi or cleric at testing that you are a current member of the church or religious group and documenting the religious conflict in detail.

SECTION 6. Certification/Authorization:

I certify that the above information is true and accurate. If test accommodations granted to me include a deviation from the standard testing time schedule, I agree that, from the time I begin the examination until I have completed it, I will not communicate in any way, to the extent possible, with any other individuals taking the examination and I will not communicate in any way with any such individuals about the content of the examination.

Signature: __________________________________________ Date: ____________