



**National Certification Commission for Acupuncture and Oriental Medicine
(NCCAOM®)**

2025 M Street NW, Suite 800, Washington DC, 20036
Phone: 888-381-1140 Fax: 202-381-1141

School Confirmation of ADA Accommodation History

If you received accommodations during your formal education, please have the appropriate school official complete this form and ensure that it is returned to NCCAOM with your application.

This section to be completed by the candidate.

Candidate name:

Address:

City, State Zip:

Date of Birth:

Last Four Digits of Social Security #:

Phone:

Name and address of school attended for acupuncture/Oriental medicine education:

All additional sections are to be completed by the person responsible for disability services.

School Disability Professional's Contact Information

Name:

Title

School name and address:

Phone:

Fax:

E-mail:



Candidate's Disability Status

Specify type of disability (check all that apply):

Visual:	Psychological/psychiatric:
Hearing:	Physical/medical:
Learning/cognitive disability:	Other:

Accommodations History

The following accommodations were provided to this candidate while he or she was a student at this institution (check all that apply):

Large-print study materials
and/or exams

Braille materials

Reader

Dates provided:

Dates provided:

Dates provided:

Audiocassette

Scribe/recorder

Sign language
interpreter

Dates provided:

Dates provided:

Dates provided:

Extended testing time
(specify how much)

Other accommodations provided:

Dates provided:

Dates provided:



Verification

This institution or its disabilities services office has on file (or had on file at the time the accommodations were provided) documentation or diagnostic data confirming the candidate's disability:

Yes

No

I CERTIFY THAT THE INFORMATION PROVIDED BY ME ON THIS FORM IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I AGREE, IF REQUESTED BY NCCAOM, TO SEND NCCAOM A COPY OF THE FILE OR OTHER DOCUMENTATION PERTINENT TO ESTABLISHING THE NEED FOR THESE ACCOMMODATIONS. I UNDERSTAND THAT THE APPLICANT AUTHORIZED THE RELEASE OF THIS INFORMATION AS PART OF THE APPLICATION PROCESS FOR REQUESTING ACCOMMODATIONS.

Printed Name: _____

Signature: _____

Date: _____