Special Accommodations Request Form

Name: ____________________________ Date: ________________
Address: ____________________________________________
City: __________________ State: _______ Zip Code: __________
Home Phone: __________________________ Email Address: __________

Workshop Type: ____ Certified Personal Trainer ____ Certified Exercise Physiologist

Date of workshop: ______________ Location, City, State of workshop: _______________________

Exam Type: ____ Certified Personal Trainer ____ Certified Group Exercise Instructor
____ Certified Exercise Physiologist ____ Clinical Exercise Physiologist
____ Certified Inclusive Fitness Trainer/ ____ Cancer Exercise Trainer

Date and location of exam (if previously scheduled): _______________________________________

The American College of Sports Medicine (ACSM) wishes to ensure that no individual with a disability is
excluded, denied services, segregated or otherwise treated differently from other individuals because of the
absence of auxiliary aids and services.

If you need any of the auxiliary aids or services identified in the Americans with Disabilities Act, please
contact ACSM’s office at (317) 637-9200.

IF YOU NEED ASSISTANCE YOU MUST:

1. Notify the ACSM National Office in writing by sending in this form to the ACSM National Center no later than 30 days before the date of the workshop/certification, if not sooner.

2. Include written verification of your disability from a professional.

Description of the type of disability:
_____________________________________________________________________________________
_____________________________________________________________________________________

Special equipment/situation requested:
_____________________________________________________________________________________
_____________________________________________________________________________________

Send this form and written verification of disability to:

American College of Sports Medicine
Attn: Certification
401 W. Michigan St.
Indianapolis, IN 46202
PHONE: (317) 637-9200
FAX: (317) 634-7817