

## 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:

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### Special equipment/situation requested:

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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

For Office Use Only:

Reviewed: \_\_\_\_\_

Accepted: \_\_\_\_\_

Declined: \_\_\_\_\_

Notified: \_\_\_\_\_