

## Special Accommodations Request Form

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Exam Type: \_\_\_\_\_ Certified Personal Trainer \_\_\_\_\_ Certified Group Exercise Instructor  
\_\_\_\_\_ Certified Exercise Physiologist \_\_\_\_\_ Clinical Exercise Physiologist  
\_\_\_\_\_ Certified Inclusive Fitness Trainer \_\_\_\_\_ Cancer Exercise Trainer

***Please do not schedule your exam until your accommodations are approved. If you have already scheduled your exam, please CANCEL it, and reschedule after accommodations are approved. Accommodations cannot be added to an already-scheduled exam.***

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 14 business days prior to your desired exam date.
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: \_\_\_\_\_