



BOARD *for* CERTIFICATION
of NUTRITION SPECIALISTSSM

Special Accommodations Request Form

If you have a disability covered by the Americans with Disabilities Act (ADA), please complete this form and the Documentation of Disability-Related Needs Form and submit along with your CNS/CNS-S application. The information you provide, and any documentation regarding your disability and special accommodation, will be treated with strict confidentiality and will not be shared with any source, without your express written permission, except for the BCNS.

Applicant Contact Information:

Last Name: _____ First Name: _____

Middle Initial: _____ Degree/Credential: _____

Phone: _____ Fax: _____

Email: _____

Address: _____ City: _____

State: _____ Zip Code: _____

Special Accommodations (*check all that apply*):

- | | |
|--|--|
| <input type="checkbox"/> Accessible testing site | <input type="checkbox"/> Separate testing room |
| <input type="checkbox"/> Extended testing time | <input type="checkbox"/> Screen magnifier (large font) |
| <input type="checkbox"/> Reader required for learning disability | <input type="checkbox"/> Reader required for visual disability |

Other: _____

Comments: _____

Signature: _____ Date: _____

Please submit to: Applications@NutritionSpecialists.org