

GISCI GEOSPATIAL CORE TECHNICAL KNOWLEDGE EXAM

ACCOMMODATION REQUEST FORM

The GISCI, in collaboration with our exam delivery provider, Pearson VUE, is committed to ensuring equal access to the GISCI Geospatial Core Technical Knowledge Exam for all candidates, in compliance with the Americans with Disabilities Act (ADA) of 1990. We strive to provide reasonable accommodations to meet the specific needs of candidates with disabilities or those who may experience difficulty taking the examination.

Applicants requesting accommodations are encouraged to complete this form and submit it to **info@gisci.org**. To ensure sufficient time for review and arrangements, accommodation requests should be submitted at least **30 days prior to the exam date** and before scheduling your exam.

Applicant Information

Full Name: _____

Email Address: _____

Phone Number: _____

Test Date(s): _____

Disability/Condition Information

Do you have a diagnosed disability or condition that requires accommodations during testing?

☐ Yes

☐ No

If yes, please describe the nature of your disability or condition:

Please list the specific accommodations you are requesting:

1. _____
2. _____
3. _____
4. _____

Have you received any accommodations for this or other tests in the past?

☐ Yes

☐ No

If yes, please describe the accommodations provided:

Documentation of Disability

Please attach supporting documentation of your disability or condition from a licensed healthcare professional. The documentation should include:

- A clear statement of the diagnosis or condition
- How the condition impacts your ability to take the test
- Recommendations for specific accommodations

Documentation attached?

☐ Yes

☐ No

Additional Information

Is there any other information you would like us to consider when reviewing your request?

Acknowledgement and Signature

By signing below, I affirm that the information provided in this request form is accurate. I understand that my request for accommodations is subject to review and approval, and that providing incomplete or false information may delay the process or result in the denial of my request.

Applicant Signature: _____

Date: _____

For Office Use Only

Date of Review: _____

Accommodations Granted:

☐ Yes

☐ No

If yes, list accommodations:

Reviewed by: _____

Date: _____