

Environmental Health Testing LLC
Food Safety First Principles For Food Handlers
Disability Accommodations Request Form

Company: NRFSP
Contact Person: Liz Corchado
Approval: Jeff Belmont
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Current Revision: 8/18/11
Location: ShareMethods

Individuals with disabilities covered by the Americans with Disabilities Act must complete this form and have an appropriate licensed professional complete the Documentation of Disability-Related Needs Form in order for their accommodations request to be processed

Contact Information

Name: _____
Address _____
Address _____
City _____ State _____ Zip Code _____

Disability Accommodations Requested

Course Location: _____
Date: _____

Accommodation(s) Requested (check all that apply):

- Wheelchair accessible site
- Special seating, please describe: _____
- Reader ___ for visual impairment ___ for learning disability
- Scribe ___ for visual impairment ___ for learning disability
- Sign language interpreter
- Separate testing area
- Extended testing time ___ Time and a half ___ Other (specify): _____
- Large print test. Font Point size: _____
- Other special accommodations (please specify): _____

I understand that I must submit this form and the Documentation of Disability-Related Needs Form at least 30 days prior to the course in order for their accommodations request to be processed.

Signature: _____ Date: _____

Send to:

Environmental Health Testing LLC
7680 Universal Blvd., Ste.550
Orlando Florida 32819
Fax: 407-352-3603