APPLICATION
FOR SPECIAL TESTING ACCOMMODATIONS
DUE TO A RELIGIOUS CONFLICT

Instructions:

A. **Who Should File the Application**: Candidates seeking accommodation due to religious conflicts should complete this application. If applying for an Americans with Disabilities Act (ADA) Accommodation, **do not complete this application.** Request an ADA accommodation application.

B. **Application Submission Deadline:** Completed applications must be submitted at least 60 days prior to the examination for which you are requesting special testing accommodations. If submitted with less than 60 days until the examination the department will provide any such requested accommodation that can be made available without posing undue burden or jeopardizing the security or integrity of the examination   If a candidate who requires an accommodation fails to timely request such, then the candidate must reschedule their examination date.

C. **Required Documentation:**
   Application and
   A letter from the priest, rabbi or cleric of the church or religious group of which you are a member is required, confirming that you are a current member. The letter should explain what the religious conflict is.

D. **Review:** A review of each application will be completed after receipt of each submission. The department will defer the review of each application until all necessary documentation is completed and submitted.

E. **Type or Print All Information on the Application.** Do not leave sections blank, insert "N/A" if the section does not apply.

F. **Emailing Information:** For faster service submit your application and any supporting documentation you are sending with your application to the following email address: mqa.specialtesting@flhealth.gov.

G. **Mailing Information:** If you cannot email your application, submit your application and any supporting documentation you are sending with your application to the following address:

> Florida Department of Health
> Division of Medical Quality Assurance
> ATTENTION: ADA Accommodations
> 4052 Bald Cypress Way, Bin #C-91
> Tallahassee, FL 32399-3250

Note:

● **Send via email *or* mail. Do not send your application for special testing accommodations by both methods of delivery.**

● **Do not send your request for special testing accommodations application to the board office.**

● **Do not mail your application for licensure or examination to this address because this will delay action on your application.**

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SECTION 1: PERSONAL DATA

1. Name: _____
                      First   Middle   Last

    Date of Birth: _____   _____   _____
                          Month   Day   Year

2. Mailing Address: _____
                        Street   Apt. Number

    _____
                 City   State   ZIP Code

3. Phone Number: (____)_____ (Mobile)   (____)_____ (Work)

4. Email Address: _____

SECTION 2: EXAMINATION FOR WHICH ACCOMMODATION IS REQUESTED

1. Profession: _____

2. Month / Year of Exam: _____

3. Name of the Examination (check all those that pertain and identify by name):

      ____ (1) Laws and Rules

___ (2) National
　　___ (a) Practical _____
　　___ (b) Written _____
　　___ (c) Specialty(ies) (if applicable): _____

___ (3) State Exam
　　___ (a) Practical _____
　　___ (b) Written _____
　　___ (c) Specialty(ies) (if applicable): _____

___ (4) Other (explain): _____

SECTION 3: NATURE OF REQUEST (attach a separate sheet if needed)

1. What accommodations are you requesting? (Check all that apply)
　____ Alternative Date
　____ Other (please explain): _____
　_____
　_____

2. In detail, describe the religious conflict you have with the examination:
　_____
　_____
　_____
　_____
　_____
　_____
　_____
　_____

SECTION 4: REQUIRED LETTER

1. Attach a letter from the priest, rabbi or cleric of the church or religious group of which you are a member, confirming that you are a current member. The letter should explain what the religious conflict is.

SECTION 5: CERTIFICATION

I certify that the above information is true and accurate. If the test accommodations granted to me include a deviation from the standard testing time schedule, I agree that, from the time I begin the examination until I have completed it, I will not communicate in any way, to the extent possible, with any other individuals taking the examination and I will not communicate in any way with any such individuals about the content of the examination.

Signature: _____   **Date: _____**