

# Request for Extension of Previous Examination Accommodations Approval

Accommodations approvals are automatically valid for **one (1) year from the date of approval**. At any time after that, if you decide to take a test with the same accommodations for which you were previously approved, you have the option of requesting an extension of your accommodations approval. In this case, you will need to obtain an extension of your accommodations approval in order to receive testing accommodations for future test administrations.

If your documentation is no longer current (according to the [Documentation Guidelines](#) for your disability type), you still have the option of submitting it and the Appraisal Institute will review the documentation. However, it is possible that your request will not be approved until you can provide us with current documentation of your disability and evidence of its current impact on your ability to take the exam under standard conditions.

To request an accommodations approval extension, please follow these steps:

1. Complete this Form and scan and email to [comp@appraisalinstitute.org](mailto:comp@appraisalinstitute.org) or fax (312) 335-4283.
2. Provide all documentation related to your disability, including documentation that you may have submitted previously, as well as any newer materials that document the current impact of your condition.

After you have completed these steps, you will be informed of the extension decision, usually within 30 days.

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## Candidate Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Account #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Age: \_\_\_\_\_

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

City: \_\_\_\_\_ State/Province/Territory: \_\_\_\_\_ ZIP/Postal Code: \_\_\_\_\_

Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

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## Request for Accommodation Extension Information

When were you previously approved for examination accommodations? \_\_\_\_\_ (month/year)

Dates which examinations, if any, were administered since approval \_\_\_\_\_

What is the disability for which you need accommodations? \_\_\_\_\_

I am requesting an extension of approval status for the following testing accommodation(s):

Accommodation: \_\_\_\_\_

Accommodation: \_\_\_\_\_

Accommodation: \_\_\_\_\_

Accommodation: \_\_\_\_\_

Accommodation: \_\_\_\_\_

Has your condition changed significantly since you were previously approved for examination

accommodations? \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I certify that the foregoing statements and those in any accompanying documents or statements are true. I understand that if I am found to have submitted false information related to this request, the Appraisal Institute will not grade or will assign a failing grade to the examination and I will be subject to possible disciplinary action under Regulation No. 6. I certify that I personally completed this application and that I may be asked to verify the above information at any time.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_