

APPLICATION FOR SPECIAL TESTING  
ACCOMMODATIONS DUE TO A RELIGIOUS  
CONFLICT



Prepared by

**Division of Medical Quality Assurance**

## APPLICATION FOR SPECIAL TESTING ACCOMMODATIONS DUE TO A RELIGIOUS CONFLICT

### APPLICATION INSTRUCTIONS:

- A. Who should file:** Candidates seeking accommodations 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. Submission deadline:** Completed applications should be submitted at least **sixty (60) days** prior to the examination date for which accommodations are being requested.
- C. Documentation:** Requests must be supported by documentation certifying the accuracy of the request. A letter from the priest, rabbi, or cleric of the church or religious group of which you are a member is required, certifying that you are a current member. The letter should explain what the religious conflict is.
- D. Review:** Review of the request for test accommodations will be deferred until the necessary documentation is submitted.
- E. Completing the application:** Please type or print all information on the application. Do not leave sections blank; place N/A in any section that does not apply.
- F. Attach documentation:** Attach documentation to the application.

- G. Return the application:** Mail completed application and documentation to:

Florida Department of Health  
Division of Medical Quality Assurance  
Bureau of Operations  
ATTENTION: Special Testing Coordinator  
4052 Bald Cypress Way, Bin # C-90  
Tallahassee, FL 32399-3260

Phone: (850) 245-4252

Fax: (850) 487-9537

Do not send this application with the licensure application as they are handled by separate offices and will likely cause a delay in processing.

**DO NOT SEND THIS APPLICATION TO THE BOARD OFFICE.**

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**SECTION 1: PERSONAL DATA**

- a. Name: \_\_\_\_\_  
                    First                                    Middle Initial                                    Last
- b. Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
                                    City                                    State/Province                                    Zip Code
- c. Phone Numbers  
(        ) \_\_\_\_\_ (Home)        (        ) \_\_\_\_\_ (Work)
- d. Email Address: \_\_\_\_\_

**SECTION 2: EXAMINATION FOR WHICH ACCOMMODATION IS REQUESTED**

- a. Profession: \_\_\_\_\_
- b. Month/Year of Examination: \_\_\_\_\_
- c. Name of the Examination (check all those that pertain and identify by name):
- (1) **State Laws and Rules**
  - (2) **National**
    - (a) Practical \_\_\_\_\_
    - (b) Written \_\_\_\_\_
    - (c) Specialty/Other: \_\_\_\_\_
  - (3) **Other** (explain) \_\_\_\_\_

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

- Alternate date                                       Other
- If other, explain: \_\_\_\_\_  
\_\_\_\_\_
- Describe the religious conflict you have with the examination in detail: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SECTION 4: CERTIFICATION/AUTHORIZATION**

I certify that the above information is true and accurate. If 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: \_\_\_\_\_