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)
   (1) Alternate date
   (2) 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: ____________________________

DH-MQA 4001, 07/2014
Rule 64B-1.005, F.A.C.