

Wisconsin Department of Safety and Professional Services

Mail To: 4822 Madison Yards Way
Madison, WI 53705

Office Location: 4822 Madison Yards way
Madison, WI 53705

FAX #: (608) 251-3018
Phone #: (608) 266-2112

E-Mail: DSPSCredTrades@wisconsin.gov
Website: <http://dps.wi.gov>

OFFICE OF EDUCATION AND EXAMINATIONS

SPECIAL ACCOMMODATIONS REQUEST - TRADE EXAMINATION

This request form should be submitted at the time of application for a trade examination (i.e., plumber, electrician). Requests must be supported by documentation certifying the disability from a qualified professional appropriate for evaluating the disability. (See Step 3 below.) Review of a request for test modification will be deferred until the necessary documentation is submitted.

The information obtained on this form will be treated as a medical record except that exam proctors and exam providers may be informed regarding necessary modifications to exam procedures. First aid and safety personnel may be informed, when appropriate, if the disability might require emergency treatment.

Instructions:

Step 1: Fill out the license application for the credential for which you are applying.

Step 2: Fill out this form (#2352-OEE).

Step 3: Attach one of the following for supporting documentation:

- Professional Verification of Request for Trades Exam Modification (Form #2351-OEE), completed by your medical provider, **OR**
- Documentation of an Individualized Education Plan (IEP).

Step 4: E-mail this form and the documents listed above to DSPSCredTrades@wisconsin.gov.

Date of Request: / /

Candidate Full Name:

Date of Birth: / /

Street Address:

City, State, Zip Code:

E-Mail Address:

Daytime Telephone Number: - -

Evening Telephone Number: - -

Trade Credential Applied for:

1. What is the nature of your disability?

- | | |
|--|--|
| <input type="checkbox"/> Learning Disability | <input type="checkbox"/> Temporary Accidental Injury |
| <input type="checkbox"/> Hearing disability | <input type="checkbox"/> Visual Disability |
| <input type="checkbox"/> Physical Disability | |
| <input type="checkbox"/> Other _____ | |

2. What exam accommodation are you requesting? Please check all boxes that apply. Note: All accommodations must be appropriate to the disability. Professional verification must be obtained. (Attached additional sheet(s), if necessary.)

- | | |
|---|---|
| <input type="checkbox"/> Additional time | <input type="checkbox"/> Sitting or standing specifications |
| <input type="checkbox"/> Private or semi-private room | <input type="checkbox"/> Extra breaks |
| <input type="checkbox"/> Exam reader | |
| <input type="checkbox"/> Other _____ | |