



# INSTITUTIONAL VERIFICATION OF DOCUMENTATION

(Must be printed on official institution letterhead)

### For Oregon licensure candidates:

**Mail to:**  
Evaluation Systems  
Pearson  
1224 N Market Boulevard  
Sacramento, CA 95834  
**Phone:** (916) 928-4017

### For all other candidates:

**Mail to:**  
Evaluation Systems  
Pearson  
300 Venture Way  
Hadley, MA 01035  
**Phone:** (800) 778-5315

### How to Complete and Submit the Form

This form may be submitted to fulfill documentation requirements for a candidate requesting select alternative testing arrangements in lieu of submitting documentation to Pearson.

Authorized institutional representatives should work with candidates to complete the following steps:

1. Print the form on institution letterhead
2. Complete each field on the form and provide your institutional representative signature
3. Scan the form into a document or image file format
4. The candidate must then submit the document electronically with the Alternative Testing Arrangements Request Form via the uploader tool on the program website.

For assistance completing this form, please see the Contact Us page on the program website.

### Requirements for Processing Requests

- This form must be completed in its entirety, signed by an authorized institutional representative from the Office of Disability Services at the candidate's college or university, or signed by an authorized professional at the Department of Vocational Rehabilitation office in the candidate's state of residence, and printed on official institution letterhead.
- This form will only be accepted as supporting documentation for the alternative testing arrangement listed in section 8 of this form.

### Examinee Information (as indicated by the examinee at the time of registration and as appears on the Alternative Testing Arrangements Request Form completed by the examinee):

#### 1. Examinee Name

Last

First

Middle Initial

#### 2. Examinee Customer Number (found in examinee's account at the program website)

### Authorized Institutional Representative Information

#### 3. Name (print)

#### 4. Title

#### 5. Institution

#### 6. Telephone Number

Area Code

#### 7. Email Address

**8. Alternative Testing Arrangements**

Indicate which of the following accommodations are supported by the documentation on file at your institution and provided by your institution for the above-named examinee. If the examinee is requesting an alternative testing arrangement not listed below, documentation must be submitted directly to Evaluation Systems.

- |  |   |
|--|---|
| <input type="checkbox"/> 50% Extra time (time and one half)              | <input type="checkbox"/> Oral interpreter (for oral directions) |
| <input type="checkbox"/> Sign language interpreter (for oral directions) | <input type="checkbox"/> Braille test format                    |

**Documentation**

Please provide the following information contained in the most recent documentation on file for the examinee named in section 1 of this form.

**9. Name and credentials of diagnosing professional**

(must be a different individual than is named in section 3 of this form)

\_\_\_\_\_

**10. Diagnosed disability or disabilities:**

**11. Date of the evaluation:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**12. Certification**

By initialing each statement below, I certify that:

- ❖ The documentation on file for this examinee meets all requirements described in "Required Documentation" on the program website. \_\_\_\_\_  
Initials
- ❖ The documentation on file for this examinee is current, according to the "Documentation Currency Policy" on the program website. \_\_\_\_\_  
Initials
- ❖ The applicant is requesting only accommodations that are listed in section 8 of this form. \_\_\_\_\_  
Initials

**13.** I certify that I am the person whose name appears on this form. I have printed this form on official institution letterhead. I have reviewed the "Requesting Alternative Testing Arrangements" section of the current program website and certify that the documentation supporting the examinee's request for alternative testing arrangements referenced on this form meets the criteria described therein and is on file with the institution named on this form. I agree to produce a copy of the documentation referenced on this form for Evaluation Systems upon request as part of program monitoring and review, which may include routine audits. Evaluation Systems reserves the right to suspend the Institutional Verification of Documentation option for an institution found to be in noncompliance with associated requirements as a result of such an audit. I understand that the examinee authorizes the release of this information by submitting a completed Alternative Testing Arrangements Request Form.

\_\_\_\_\_  
Signature \_\_\_\_\_  
Date