



FORM B - Documentation of Disability-Related Needs

If you have a disability covered by the Americans with Disabilities Act (ADA), please complete Forms A and B. The information you provide, and any documentation regarding your disability and special accommodation, will be treated with strict confidentiality. Please have this form completed by a licensed healthcare provider to ensure that AHIMA and Prometric are able to provide the required special testing accommodations.

Please submit to: AHIMA
233 North Michigan Avenue
Suite 2150
Chicago, IL 60601-5800
Attn: ADA Services

Licensed Healthcare Provider Documentation

I have known _____ since _____ / _____ / _____
Test applicant *Date*

in my capacity as a _____
Professional Title

The test applicant has discussed with me the nature of the test administration. It is my professional opinion, that due to the nature of the disability described below, the test applicant should be accommodated by providing the special arrangements as documented on Form A – Request for Special Testing Accommodations.

Nature of the Disability / Comments

Signature: _____ Date: _____

Title: _____ License Number: _____

