



Accommodation Requests

Requests for accommodations for candidates with disabilities **must** be received by Harcourt Assessment by the Special Registration Deadlines as indicated on the back cover of the CIB. There is no additional charge for special accommodations for candidates with disabilities. At the time of registration (either online or with a paper Registration Form), you will indicate your need for a special arrangement, but your actual request for special accommodations **must** be made in writing and submitted by mail.

Your written request **must** include the following in one complete package:

1. A completed Accommodations Request Form, found on the next page
2. A current letter (not more than three years old) **from a licensed physician, school official, licensed psychologist, or other appropriate authority** (a licensed professional whose training is applicable to diagnosis of the disability) **on his or her letterhead**—that **must** include:
 - a. The licensed professional's title, address, email address, and telephone number
 - b. A description of the nature of the functional limitation as it applies to taking a multiple-choice standardized test
 - c. The specific accommodations you will need for testing.

If you register **online**, you will mail the Accommodations Request Form and letter from the licensed professional to the address on listed **page 2** of the CIB.

If you are submitting a paper Registration Form, you **must** include the Accommodations Request Form and a letter from the licensed professional along with the completed paper Registration Form and fee payment to one of the addresses listed in **Appendix F** of the CIB.



PHARMACY COLLEGE ADMISSION TEST

PCAT Accommodations Request Form

Please provide all the information requested below by printing clearly or checking in the appropriate boxes. Harcourt must receive this information by the Special Registration Deadline. No late Accommodations Requests will be accepted.

Name _____
Last Name First Name MI

Address _____
City State/Province ZIP/Postal Code Country

Telephone Number _____ PCAT Test Date _____

Description of Disability _____

Accommodations Requested (check all that apply):

- | | |
|---|-------------------------------|
| _____ Large-Print Test Booklet | _____ Separate Testing Room |
| _____ Reader | _____ Additional Rest Breaks |
| _____ Scribe/Writer | _____ Additional Testing Time |
| _____ Sign Language Interpreter | _____ Time and a Half |
| _____ American Sign Language | _____ Other Additional Time |
| _____ Cued Speech | (please explain below) |
| _____ Other (please explain below) | |
| _____ Other Accommodation or Equipment (please explain below) | |

Please explain any other accommodation needed: _____

Accommodations previously provided to you—List accommodations received and purpose (e.g., “Sign Language Interpreter for PCAT exam”): _____