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**(Attachment A)**  
**ACCOMMODATION OF**  
**DISABILITIES REQUEST**  
(to be completed by the candidate)

**CANDIDATES NAME:** \_\_\_\_\_

**Exam ID #:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_ **Email:** \_\_\_\_\_

If you have a disability, or medical condition, and you are requesting an accommodation for the California Acupuncture Licensing Examination, pursuant to the Americans with Disabilities Act, please provide the following information and return this form, as well as the evaluator’s form, to the Board, with your exam fee. This form and other documentation will become a part of your examination record.

1. What is the type and extent of the disability that limits one or more of your major life activities (e.g., physical, mental, learning)?

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

2. Describe the accommodation requested (e.g., extended time or bring an item not normally allowed).

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

3. Provide the Board with verification of your disability from a qualified professional supporting your requested accommodation(s) (Attachment B). The Board will not pay any costs you may incur in obtaining the required documentation. However, the Board will consider paying for any reasonable accommodations that are made for you. This information is considered **confidential** and will not be released.

Upon receipt of this information, the request will be considered, and you will be notified in writing of the Board’s decision. If you have any questions, you may contact the Examination Coordinator at [AcuExamUnit@DCA.CA.Gov](mailto:AcuExamUnit@DCA.CA.Gov).

**I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.**

\_\_\_\_\_  
Candidates Signature

\_\_\_\_\_  
Date

**NOTE:** The information provided will be used to determine the appropriate accommodation. Failure to provide this information will result in denial of the request. Applicants have the right to review their records subject to the provisions of the Information Practices Act.

**BOARD USE ONLY**

Accommodations Approved \_\_\_\_\_

Date submitted to PSI \_\_\_\_\_