

OKAP Exam Accommodation Request Form

Program Directors must verify the need for accommodation of their resident by sending this form to the Academy for the following situations:

Accommodation for Alternate Exam Date:

If any resident has an occurrence that prevents them from testing on the exam administration dates, the Program Director and Resident can request an accommodation for an alternate exam date.

Accommodation for Extended Exam Time:

If any resident has a disability and needs extended exam time, reasonable accommodations will be made in accordance with the Americans with Disabilities Act of 1990, as amended, or similar international standards. The Program Director and Resident can request an accommodation for extended exam time. Requests should specify the nature and need for the accommodation being requested.

**There are no fees associated with accommodations.
Once an accommodation request has been processed, the Academy will notify the resident and program of how to proceed with registration.**

Program Name: _____

Program Director: _____ Email: _____

Resident: _____ Email: _____

Resident Member ID: _____

Reason for Accommodation: _____

Accommodation being requested: Alternate Exam Date: Preferred Exam Date: _____
 Time and a Half
 Double Time

Program Director Signature: _____ Date: _____

Resident Signature: _____ Date: _____

Please send requests for accommodation to:
OKAP@aao.org