

Request for Exam Accommodation

This form must be submitted directly to National Restaurant Association Solutions (NRA Solutions) by the examinee or on behalf of the examinee. Please provide the following information and fax this form to 866.665.9570 (toll-free) or to 312.583.9853 (local direct) All examinees will be notified of their approved or denied accommodation status via email. It is the examinee's responsibility to notify their proctor of their approved examination so the proctor can prepare for the accommodation.

Section I. Examinee Information

Name _____

Date of birth _____

Email address _____

Daytime telephone number _____

Section II. Type of Accommodation Requested

(Select all that apply)

- Reader (signed *Reader Non-disclosure & Confidentiality Agreement* must be attached)
- Separate room/alternate exam location
- Extra time
- Scribe
- Sign language interpreter

Section III. Instructor/Proctor/Organization Information

Name of proctor (if known) _____

Name of sponsoring organization _____

Date of exam _____

Section IV. Documentation Guidelines

Documentation must meet the following guidelines in order to be processed:

- Be current (within 3 years if possible)
- State a specific diagnosis
- Include a detailed description of current functional limitations
- Written by a professional qualified for evaluating the disability
- Include the examinee's name, date of birth, and the date of diagnosis or date of last evaluation
- Proof of previous accommodation

NATIONAL RESTAURANT ASSOCIATION SOLUTIONS INTERNAL USE ONLY

<input type="checkbox"/> Approved	Reviewed by _____	Type of accommodation _____
<input type="checkbox"/> Not approved	Date reviewed _____	Reason _____



Reader Guidelines

As the Reader for the ServSafe Exam you attest to the following:

- You have no personal relationship with the examinee.
- You are not a Certified Food Protection Manager nor have any vested interest in food protection.
- You will not provide cues to the examinee(s) or answer questions during the administration of the exam.
- You will administer the exam in a separate room, free from distraction.
- You have read and signed the *Reader Nondisclosure & Confidentiality Agreement*.

Reader Nondisclosure and Confidentiality Agreement

This Reader Nondisclosure and Confidentiality Agreement (hereafter "Agreement") is made on this date, as listed below, by Reader and between National Restaurant Association Solutions, LLC.

The content reviewed is considered privileged and strictly confidential information. All information will be considered proprietary and confidential information and will be held in strictest confidentiality and by all participants who will be held liable for any breach of this Agreement.

This Agreement shall be governed by, construed in accordance with, and enforced solely in the State of Illinois. Each party agrees any claim or action relating to the Agreement shall be commenced exclusively in an appropriate court in the State of Illinois and each party waives any objection to personal jurisdiction in such court the party may otherwise have.

The parties agree that the Agreement shall be interpreted and enforced according to the State of Illinois. That the Agreement represents the entire Agreement between the parties and supersedes any prior oral or written agreement, understanding or communication on the subject matter. The provisions hereof shall be binding and inure to the benefit of the parties and their successors.

Reader	
By _____	
Signed _____	
Title _____	Email address _____
Date _____	Contact phone _____
National Restaurant Association Solutions, LLC	
By _____	
Signed _____	
Title _____	

175 West Jackson Boulevard, Suite 1500, Chicago, IL 60604-1307
 Phone: 800.765.2122 Websites: Restaurant.org | NRAEF.org | ServSafe.com

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