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

<table>
<thead>
<tr>
<th>Name</th>
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<tbody>
<tr>
<td>Date of birth</td>
<td></td>
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<tr>
<td>Email address</td>
<td></td>
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<tr>
<td>Daytime telephone number</td>
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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

<table>
<thead>
<tr>
<th>Approved</th>
<th>Not approved</th>
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<tbody>
<tr>
<td>Reviewed by</td>
<td>Date reviewed</td>
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<tr>
<td>Type of accommodation</td>
<td>Reason</td>
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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 I NRAEF.org I ServSafe.com

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