CMHA EXAM ACCOMMODATIONS REQUEST

If you have a disability covered by the Americans with Disabilities Act or the Accessible Canada Act and you wish to request an accommodation for a qualified disability, please complete this form with Documentation of Disability Related Needs by a Qualified Provider (page 2). The information you provide, any documentation regarding your disability and your need for accommodation in testing will be treated with strict confidentiality.

Candidate Information:

First Name Last Name

Title

Company Name

Company Address

Email Address Phone

Please indicate which exam you are requesting special accommodations:

☐	CPI Certification Examination
☐	SRW Certification Examination (Coming in 2024)
☐	PICP Certification Examination (Coming in 2025)
☐	MSV Certification Examination (Coming in 2026)

By signing below, I verify that the information provided in this form and in any attached documentation is complete and accurate to the best of my knowledge. I understand that I must submit this form and documentation at least 30 days prior to the exam in order for the accommodation request to be processed.

Candidate Signature: Date:

Send to: CMHA Certification Manager
13750 Sunrise Valley Drive,
Herndon, VA 20171
OR
Email to: certification@masonryandhardscapes.org

CMHA DOCUMENTATION OF DISABILITY-RELATED NEEDS *BY QUALIFIED PROVIDER*

This form must be completed by a qualified professional. A qualified professional is someone who is licensed or otherwise properly credentialed and possesses expertise in the disability for which an accommodation is sought. The qualified professional is a physician or other qualified professional who has individually assessed the disability of the candidate. The qualified professional must provide the required information concerning the disability and the requested accommodation. The information and any documentation that the candidate provides regarding their disability and the need for accommodation(s) will be treated as confidential.

Qualified Professional Information:

First Name Last Name

Email Phone

Professional Title

License Number and State/Province Issuing

Professional Certification and Issuer

Description of Disability:

Nature of disability	
Recommendation for accommodation	
Reason for accommodation	

By signing below, I verify that the information provided in this form and in any attached documentations is complete and accurate to the best of my knowledge.

Qualified Professional Signature: Date:

703.713.1900 | MasonryAndHardscapes.org
13750 Sunrise Valley Drive, Herndon, VA 20171