



Merchant Risk Council

SPECIAL ACCOMMODATIONS REQUEST FORM

MRC will provide reasonable accommodations for CPFPP exam candidates with disabilities that are covered under the Americans with Disabilities Act (ADA). Candidates requesting special accommodations must submit the Special Accommodations Request Form by attaching it to the certification exam application or emailing it to certification@merchantriskcouncil.org. MRC reserves the right to review any request for accommodations and have such request considered by its own experts to ensure an appropriate level of accommodations and protect the integrity of the examination and the certification.

CANDIDATE INFORMATION

First Name: _____ Last Name: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Email: _____

SPECIAL TESTING ACCOMMODATIONS

I request special accommodations for the CPFPP remote proctored exam as follows (check all that apply):

Extended testing time

Other (Please describe.)

Signature: _____

Date: _____

Professional Documentation

I have evaluated (candidate's name) _____ on _____ (date)

in my capacity as a _____ (professional title).

The candidate discussed the nature of the examination to be administered. It is my opinion that because of this candidate's disability, described below, they should receive the special testing accommodations requested above.

Description of disability:

If extra test time is recommended, specify the amount of time (e.g., 1 additional hour) _____

Professional's Name: _____ Credentials: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Email: _____

Professional License Number: _____ State of License Issue: _____

Signature: _____ Date: _____

Attach this completed form to your certification exam application or by via email to certification@merchantriskcouncil.org within 5 days of applying online.