



Candidate Application for Special Testing Accommodations

Please complete all information. Your application will not be considered unless all information is completed, signed, and dated. An email address is required in order to send up-to-date information in a timely and effective manner.

Candidate Information

Name:		BPI ID:	
Address:			
City:	State:	Zip:	
Phone:	Email:		

Employer Information (*If self-employed, this section still needs to be completed.)

Business Name:			
Business Address:			
City:	State:	Zip:	
Phone:	Website:		
Email:			

Have you taken a BPI exam before? Yes No
 If yes, were you previously accommodated? Yes No

Exam(s) you are requesting accommodation for:

(Only exams that are selected below will be considered for accommodation. Subsequent requests will require a separate application.)

BPI Designation	100 question online exam	50 question online exam	Field exam
Heating			
AC & Heat Pump			
Manufactured Housing			
	75 question online exam	50 question practical exam	Field exam
Multifamily Building Analyst			N/A
Multifamily Building Operator		N/A	
	Oral & Field exam combined		
Building Analyst – Technician			
Air Leakage Control Installer			
	100 question online exam	Field exam	
Energy Auditor			
Retrofit Installer Technician			
Crew Leader			
	Field exam		
Infiltration & Duct Leakage			
	50 question online exam		
Building Analyst – Professional			
Healthy Home Evaluator			
Quality Control Inspector			

Description of Disability (if applicable):

--

Date of Diagnosis (if applicable): _____

Please list any previous accommodations that you have been given by other institutions. Please include the date and the organization (if applicable).

Type of Accommodation	Date(s)	Organization

Requested Accommodation:

--

Please complete name and phone of Health Care Provider(s) who will sign and approve the *Provider Application for Special Testing Accommodations* (if applicable):

Health Care Provider Name	Phone

I understand that BPI will use this information obtained to authorize and determine eligibility for a reasonable testing accommodation in regard to this examination. I understand that BPI reserves the right to make any additional inquiries regarding this application before making a determination to provide the accommodations I have requested.

I certify that all information in this application and the accompanying documentation is true and correct. I understand that false information may be cause for denial or revocation of certification.

Candidate Signature _____ **Date** _____

Submit the information listed below:

- Candidate Application for Special Testing Accommodations (this form)
- Provider Application for Special Testing Accommodations
- Clinical evaluation on official letterhead (letter or detailed report)

Please Submit this Request with all supporting documentation required by mail, fax, or email

Mail to:	Building Performance Institute, Inc. Special Testing Accommodations App 63 Putnam Street, Suite 202 Saratoga Springs, NY 12866	Fax to: (518) 899-1622 Email to: Certification@bpi.org
----------	---	--