



REQUEST FOR NONSTANDARD TESTING ACCOMMODATIONS

Please complete this application form and submit to the PGA of America, PGA Membership Services, 100 Avenue of Champions, Palm Beach Gardens, FL 33418. After review by legal counsel, you will be advised whether your request has been granted. This form must be submitted with all sections completed and all additional information requested attached **prior to scheduling a testing session.**

PART I - APPLICANT INFORMATION

Name: _____ PGA ID #: _____

Email Address: _____ Telephone: _____

Nature of your disability: _____

Date of when your disability was first diagnosed: _____

Date of professional's most recent evaluation: _____

I have attached medical documentation based on the criteria described in **PART V** and verify that all information provided is accurate.

Signed: _____ Date: _____

PART II – TESTING ACCOMMODATIONS REQUESTED

Type of Testing Accommodations Requested

1. Extended testing time
 - a. 50% (time and one half)
 - b. 100% (double time)
 - c. Other: _____

2. Test format
 - a. Large Print

3. Assistance
 - a. Reader
 - b. Recorder/writer of answers
 - c. Sign language interpreter for instructions to the knowledge test or the video or audio based simulation tests.



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- 4. Additional rest breaks
 - a. 1 additional break
 - b. 2 additional breaks
 - c. Breaks as needed (specify): _____

- 5. Other Accommodations: _____

PART III – NON-TESTING ACCOMMODATIONS REQUESTED (IF APPLICABLE FOR SESSION)

- 1. Non-Testing Accommodations related to the disability (for example – lodging, food, etc.):

PART IV – REGISTRATION FOR SAME ACCOMMODATIONS

I have tested at a PGA authorized testing center or PGA Golf Management University in the past.

Yes No

PART V – VERIFICATION OF DISABILITY

The supporting documentation that is submitted must meet the following criteria:

- 1. Clearly state the diagnosed disability.
- 2. Describe the functional limitation resulting from the disability.
- 3. Be current, within the last five years of Learning Disability, last six months for psychiatric disorders, or the last three years for all other disabilities.
- 4. Include a complete educational, developmental, and medical history relevant to the disability for which testing accommodations are being requested.
- 5. Include a list of all test instruments used in the evaluation report and relevant subtest scores used to document the stated disability (does not apply to physical or sensory disabilities of a permanent or unchanging nature).
- 6. State why the disability qualifies the applicant for the specific testing accommodation requested, taking into consideration the distinct nature of the following tests:
*The PGM2.0 knowledge tests are timed and computer delivered at an authorized test center or PGA Golf Management University.
- 6a) For requests under Section III above, please state why the disability qualifies the applicant for the specific non-testing accommodation requested.
- 7. Documentation should be typed or printed on official letterhead and signed by an evaluator qualified to make the diagnosis (information about license or certification and area of specialization needs to be included).