

# CDA Exam Special Accommodations Request Form

Your request must be approved by the Council *before* you submit your CDA application



First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Date of Birth (mm/dd/yyyy): \_\_\_\_\_ Last 4 digits of Your Social Security Number: \_\_\_\_\_

Email address: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Type of CDA credential setting applying for (choose one):  Preschool  Infant/Toddler  Family Child Care

**I agree to all the conditions of the Special Accommodations Request as outlined below.**

**All information I provided here is true to the best of my knowledge.**

\_\_\_\_\_  
Candidate Signature

\_\_\_\_\_  
Date

Please describe what accommodations you require for the CDA Exam: \_\_\_\_\_

Submit this form to the Council along with a copy of the official medical documentation of your ADA requirements to: **Council for Professional Recognition, Attn: CDA Exam Accommodations**

**2460 16th St NW, Washington, DC 20009**

email: accommodations@cdacouncil.org • fax: 202-265-9161

## Council's Decision

- Request is **granted** Accommodation code: \_\_\_\_\_
- Request is **denied** Council Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### If Your Request is Granted

- Review the attached information about the approved special accommodations for your CDA Exam – keep it for your future reference!
- You are required to submit a paper CDA application and attach this approved form.

Please follow these directions closely in order to ensure a smooth credentialing process.

### If Your Request is Denied

- Review the explanation of the denial
- If you wish to proceed with the CDA application, you do not need to attach this letter to your CDA application and you may submit your CDA application online through the YourCDA portal.

