**Building Performance Institute, Inc.**

# 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:

Email: Website:

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