**Request for Exam Accommodation**

This form must be submitted directly to National Restaurant Association Solutions (NRA Solutions) by the examinee or on behalf of the examinee. Please provide the following information and fax this form to 866.665.9570 (toll-free) or to 312.583.9853 (local direct). All examinees will be notified of their approved or denied accommodation status via email. It is the examinee’s responsibility to notify their proctor of their approved examination so the proctor can prepare for the accommodation.

### Section I. Examinee Information

<table>
<thead>
<tr>
<th><strong>Name</strong></th>
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</thead>
<tbody>
<tr>
<td><strong>Date of birth</strong></td>
</tr>
<tr>
<td><strong>Email address</strong></td>
</tr>
<tr>
<td><strong>Daytime telephone number</strong></td>
</tr>
</tbody>
</table>

### Section II. Type of Accommodation Requested

*(Select all that apply)*

- Reader (signed Reader Non-disclosure & Confidentiality Agreement must be attached)
- Separate room/alternate exam location
- Extra time
- Scribe
- Sign language interpreter

### Section III. Instructor/Proctor/Organization Information

<table>
<thead>
<tr>
<th><strong>Name of proctor (if known)</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Name of sponsoring organization</strong></td>
</tr>
<tr>
<td><strong>Date of exam</strong></td>
</tr>
</tbody>
</table>

### Section IV. Documentation Guidelines

Documentation must meet the following guidelines in order to be processed:

- Be current (within 3 years if possible)
- State a specific diagnosis
- Include a detailed description of current functional limitations
- Written by a professional qualified for evaluating the disability
- Include the examinee’s name, date of birth, and the date of diagnosis or date of last evaluation
- Proof of previous accommodation

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**NATIONAL RESTAURANT ASSOCIATION SOLUTIONS INTERNAL USE ONLY**

<table>
<thead>
<tr>
<th><strong>Reviewed by</strong></th>
<th><strong>Type of accommodation</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Date reviewed</strong></td>
<td><strong>Reason</strong></td>
</tr>
</tbody>
</table>
Reader Guidelines
As the Reader for the ServSafe Exam you attest to the following:

- You have no personal relationship with the examinee.
- You are not a Certified Food Protection Manager nor have any vested interest in food protection.
- You will not provide cues to the examinee(s) or answer questions during the administration of the exam.
- You will administer the exam in a separate room, free from distraction.
- You have read and signed the Reader Nondisclosure & Confidentiality Agreement.

Reader Nondisclosure and Confidentiality Agreement

This Reader Nondisclosure and Confidentiality Agreement (hereafter “Agreement”) is made on this date, as listed below, by Reader and between National Restaurant Association Solutions, LLC.

The content reviewed is considered privileged and strictly confidential information. All information will be considered proprietary and confidential information and will be held in strictest confidentiality and by all participants who will be held liable for any breach of this Agreement.

This Agreement shall be governed by, construed in accordance with, and enforced solely in the State of Illinois. Each party agrees any claim or action relating to the Agreement shall be commenced exclusively in an appropriate court in the State of Illinois and each party waives any objection to personal jurisdiction in such court the party may otherwise have.

The parties agree that the Agreement shall be interpreted and enforced according to the State of Illinois. That the Agreement represents the entire Agreement between the parties and supersedes any prior oral or written agreement, understanding or communication on the subject matter. The provisions hereof shall be binding and inure to the benefit of the parties and their successors.

Reader

By

Signed

Title

Email address

Date

Contact phone

National Restaurant Association Solutions, LLC

By

Signed

Title

233 S. Wacker Drive, Suite 3600, Chicago, IL  60606-6383
Phone: 800.765.2122   Websites: Restaurant.org | NRAEF.org | ServSafe.com

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Request for Foreign Language Translation

This form must be submitted directly to the National Restaurant Association Solutions (NRA Solutions) by the examinee or on behalf of the examinee. National Restaurant Association Solutions (NRA Solutions) will allow test site language translation of any ServSafe exam in the event that an examination version is not available in the examinee’s requested language. Approval will not be given for languages where an examination version exists. All examinees will be notified via email when their request for a translator has been approved or denied. It is the examinee’s responsibility to notify their proctor of their approved request for translator in advance of their exam session. Please provide the following information and fax this form to 866.665.9570 (toll-free), or 312.853.9853 (local direct).

Section I. Examinee Information

Name

Email address

Daytime telephone number

Native language

Section II. Instructor/Proctor/Organization Information

Name of proctor (if known)

Name of sponsoring organization

Date of exam

Section III. Translator Requirements

Translators who do not meet the requirements for providing interpretation will not be approved. Requirements include:

- Be fluent in English and the examinee’s native language.
- Have a recognized skill in language translation.
- Have no personal relationship with the examinee (may not be another examinee, may not be a relative or friend of the examinee, and may not be a co-worker, employer, or an employee of the examinee).
- Not be a Certified Food Protection Manager nor have any vested interest in food protection manager certification or conflict of interest.
- Agree in writing to maintain the security of the examination (Nondisclosure & Confidentiality Agreement must be signed) and returned with this form.
- Provide references or other proof attesting to the translator’s competencies and professional acumen.

NATIONAL RESTAURANT ASSOCIATION SOLUTIONS INTERNAL USE ONLY

☐ Approved

Reviewed by

Type of accommodation

☐ Not approved

Date reviewed

Reason

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Translator Guidelines

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- You have no personal relationship with the examinee.
- You are not a Certified Food Protection Manager nor have any vested interest in food protection.
- You will not provide cues to the examinee(s) or answer questions during the administration of the exam.
- You will administer the exam in a separate room, free from distraction.
- You have read and signed the Reader Nondisclosure & Confidentiality Agreement.
- You have provided references or other proof verifying your translation experience.

Translator Nondisclosure and Confidentiality Agreement

This translator Nondisclosure and Confidentiality Agreement (hereafter “Agreement”) is made on this date, as listed below, by translator and between National Restaurant Association Solutions, LLC.

The content reviewed is considered privileged and strictly confidential information. All information will be considered proprietary and confidential information and will be held in strictest confidentiality and by all participants who will be held liable for any breach of this Agreement.

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Translator

By

Signed

Title

Email address

Date

Contact phone

National Restaurant Association Solutions, LLC

By

Signed

Title

233 S. Wacker Drive, Suite 3600, Chicago, IL 60606-6383
Phone: 800.765.2122 Websites: Restaurant.org | NRAEF.org | ServSafe.com

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