

**APPLICATION FOR  
SPECIAL TESTING ACCOMMODATIONS  
DUE TO ENGLISH AS A SECOND LANGUAGE**



**Prepared by  
Testing Services  
Bureau of Operations  
Division Of Medical Quality Assurance**

Completion of this form meets the requirements under 64B-1.005, Florida Administrative Code (F.A.C.), for candidates requesting an English translation dictionary due to English as a second language.

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## INSTRUCTIONS:

- A. **Application Submission Deadline:** This application should be submitted and completed 60 days prior to the examination that you are requesting accommodation for or by the final published application deadline (month and year) for the examination that you are requesting accommodation.
- B. **Who Should File the Application:** Candidates seeking an English translation dictionary as an accommodation due to English as a second language should complete this application. English translation dictionaries accommodation is only available for the Electrology & Mental Health Counselor exams. Candidates seeking accommodation due to disability or religious conflicts should not complete this application. Please request an ADA accommodation application or an application for special testing accommodations due to a religious conflict.
- C. **Review:** Review of request for test accommodations will be **deferred** until a complete application is submitted.
- D. **Completing the Application:** Please type or print all information on the application. Do not leave sections blank.
- E. **Returning the Application:** Mail your completed application and documentation to:

**Florida Department of Health  
Bureau of Operations, Testing Services  
Attn: Special Testing Coordinator  
4052 Bald Cypress Way Bin # C-90  
Tallahassee, Florida 32399  
Phone: (850) 245-4252 Fax: (850) 487-9537**

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**SECTION 1: PERSONAL DATA**

- A. Name: \_\_\_\_\_  
Last First Middle Initial
- B. Address: \_\_\_\_\_  
Street  
\_\_\_\_\_  
City State/Province Zip Code
- C. Phone Numbers  
( ) \_\_\_\_\_ (Home) ( ) \_\_\_\_\_ (Work)

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**SECTION 2: EXAMINATION FOR WHICH ACCOMMODATION IS REQUESTED**

- A. Profession: \_\_\_\_\_
- B. Month/Year of Examination: \_\_\_\_\_
- C. Name of the Examination (check all that apply):
- (1) Laws and Rules
    - (2) National
      - (a) Practical \_\_\_\_\_
      - (b) Written \_\_\_\_\_
      - (c) Specialty (if applicable): \_\_\_\_\_
    - (3) State Examination
      - (a) Practical \_\_\_\_\_
      - (b) Specialty (ies) \_\_\_\_\_
    - (4) Other (specify) \_\_\_\_\_

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**SECTION 3:** Please provide native language and accommodation(s) being requested (attach separate sheet if necessary)

Native Language: \_\_\_\_\_  
Accommodations (s) Requested: (1) \_\_\_\_\_ (2) \_\_\_\_\_

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**SECTION 4: Documentation Needed: Requests must be supported by documentation certifying the accuracy of the request.** A letter from a state university, Language Department. The letter must be on university letterhead from a professor that teaches your native language. The letter must state your native language and that you need assistance from a translation dictionary.

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**SECTION 5: Certification/Authorization:**

I certify that the above information is true and accurate. If test accommodations granted to me include a deviation from the standard testing time schedule, I agree that, from the time I begin the examination until I have completed it, I will not communicate in any way, to the extent possible, with any other individuals taking the examination and I will not communicate in any way with any such individuals about the content of the examination.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**DEPARTMENT OF HEALTH MEDICAL QUALITY ASSURANCE  
BUREAU OF OPERATIONS TESTING SERVICES**

**STRICT TRANSLATION DICTIONARIES WHICH MAY BE USED AT  
EXAMINATIONS**

IN ORDER TO USE A STRICT TRANSLATION DICTIONARY AT AN EXAMINATION, THE CANDIDATE MUST WRITE TO THE FOLLOWING ADDRESS FOR APPROVAL SIXTY (60) DAYS PRIOR TO THE EXAMINATION.

**DEPARTMENT OF HEALTH MEDICAL QUALITY ASSURANCE  
BUREAU OF OPERATIONS TESTING SERVICES  
SPECIAL TESTING ACCOMMODATIONS  
4052 BALD CYPRESS WAY BIN #C-90  
TALLAHASSEE, FL 32399 - 3260**

IF A CANDIDATE BRINGS A DICTIONARY TO THE EXAMINATION THAT IS NOT ON THE LIST, THAT CANDIDATE WILL NOT BE PERMITTED TO USE THAT DICTIONARY. DICTIONARIES WILL BE INSPECTED AT THE TEST SITE.

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<u>NAME</u>	<u>PUBLISHER</u>
ARABIC PRACTICAL DICTIONARY	*Hippocrene Books, Inc.
CHINESE PRACTICAL DICTIONARY	*Hippocrene Books, Inc.
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WEBSTER'S NEW WORLD GERMAN DICTIONARY	**MacMillan, Inc.
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ENGLISH-TURKISH COMPREHENSIVE DICTIONARY	
ENGLISH-UKRAINIAN STANDARD DICTIONARY	
ENGLISH-VIETNAMESE STANDARD DICTIONARY	

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## PUBLISHERS

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