



REQUEST FOR NONSTANDARD TESTING ARRANGEMENTS

Social Work Licensing Exam

Part II—Practitioner Form

Patient/client name (Last, first, middle) _____

Patient birthdate _____ Patient Social Security number (U.S.)/
Social Insurance Number (Canada) (optional) _____

1. Diagnosis/Diagnoses with DSM-5 or ICD-10 code(s) _____

2. Date of diagnosis _____ Date patient last seen _____

3. Major life activity(ies) limited by the condition(s) noted above _____

4. Nonstandard testing arrangement(s) needed in this testing situation _____

If a medical device is required in the testing room, describe here (e.g., make and model of medical device)

5. If requesting nonstandard testing arrangements for pregnancy, what is the due date?

6. If requesting nonstandard testing arrangements for other health conditions, what is the estimated date of recovery?

I hereby certify that the above information is true and is released pursuant to authorization by my patient. I hereby certify that I do not have any other relationship with the candidate listed above, such as family, direct supervision, or teacher/student connection.

Printed name of practitioner _____ License number (if applicable) _____

Signature of practitioner _____ Date _____

Professional status (e.g., physician, psychologist, etc.) _____

Office address _____ Office phone number _____