

**APPLICATION FOR  
SPECIAL TESTING ACCOMMODATIONS  
DUE TO A RELIGIOUS CONFLICT**



**Prepared by  
Practitioner Reporting & Examination 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 special testing accommodation due to a religious conflict

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**APPLICATION  
FOR CANDIDATES REQUESTING  
SPECIAL TESTING ACCOMMODATIONS  
DUE TO RELIGIOUS CONFLICTS**

**INSTRUCTIONS:**

- A. Application Submission Deadline:** This application should be **submitted and completed sixty (60) days prior** to the examination that you are requesting an accommodation for or by the *final published application deadline (month and year) for the examination that you are requesting an accommodation.*
- B. Who Should File the Application:** Candidates seeking accommodation due to religious conflicts should complete this application. If applying for an Americans with Disabilities Act (ADA) Accommodation, **do not complete this application.** Request an ADA accommodation application.
- C. Documentation Needed:** **Requests must be supported by documentation certifying the accuracy of the request.** A letter from the priest, rabbi or cleric of the church or religious group of which you are a member is required, certifying that you are a current member. The letter should explain what the religious conflict is.
- D. Review:** Review of a request for test accommodations will be **deferred** until the necessary documentation is submitted.
- E. Please type or print all information on the application. Do not leave sections blank.**
- F. Attach Documentation:** Attach documentation to the application.

**G. Returning the Application:** Mail your completed application and documentation to:  
Department of Health  
Bureau of Operations, Practitioner Reporting & Examination Services  
ATTENTION: Special Testing Coordinator  
4052 Bald Cypress Way, Bin # C-90  
Tallahassee, FL 32399-3260  
Phone: (850) 245 - 4444 ext 3443  
Fax: (850) 487-9537



**SECTION 4. Describe the religious conflict you have with the examination in detail.**

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**SECTION 5. Attach a letter from your priest, rabbi or cleric at testing that you are a current member of the church or religious group and documenting the religious conflict in detail.**

**SECTION 6. 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: \_\_\_\_\_