English as a Second Language (ESL) Accommodation Request Form

Return form to:
National Recreation and Park Association
CL#500007
PO Box 5007
Merrifield, VA 22116-5007

CPSI
Certified
Playground
Safety Inspector

First Name: _____ MI: _____ Last Name: _____

Mailing Address: _____

City: _____State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Email Address: _____ Primary Language: _____

Exam Date: _____ Exam Location (Paper/Pencil Exams only): _____

The signature of your supervisor, professor or human resources representative is required to verify request.

Name: _____ Relationship to Applicant/Title: _____

► I would like to request a 90-minute time extension for the CPSI exam. ☐ **Yes** ☐ **No**

► I would like to request the use of a strict translation dictionary for the CPSI exam (book form only, no electronic dictionaries allowed). ☐ **Yes** ☐ **No**

**Strict translation dictionary must be provided by the candidate on the day of the examination.

	Amount Due	
Time Extension - $80		_____
Translation Dictionary - Free		_____FREE_____
Grand Total Due:		_____

Please make checks payable to: National Recreation and Park Association (NRPA)

○ Check   ○ Purchase order   Credit Card: ○ Visa   ○ MasterCard   ○ American Express   ○ Discover

Credit Card Number: _____   Expiration Date: _____

Name on Credit Card: _____   CVV: _____

Signature: _____

Billing
Address:_____

_____