



Peer Specialists
Igniting Recovery

Reasonable Accommodations Application

For the WI Peer Specialist Certification Exam

For Exam Date: _____

Application deadline is two weeks prior to exam date.

If you require a reasonable accommodation while taking the WI Peer Specialist Certification Exam please fill out the following:

NAME: _____

Address/city/state: _____

PHONE: _____

EMAIL: _____

People with a mental or physical disability may request reasonable accommodation to perform the functions necessary to complete the examination process. Please let us know what your disability is that requires the type of accommodation you are requesting. Once your request is received, you will be contacted to discuss your needs.

Mail or FAX this completed form to:

WI Peer Specialist Program Coordinator
Access to Independence, Inc
3810 Milwaukee St
Madison, WI 53714
Phone: 608-242-8484 or 800-362-9877
FAX: 608-242-0383
Email: peerspecialistinfo@accesstoind.org

Please keep a copy for your records. Thank you.