
Request for Lactating Individual Accommodations CANDIDATE FORM

AOTA and OTACC will approve the following accommodations upon submission of required documentation:

- 30 minutes of extended time to complete the exam
- Private room with lock for pumping session
- Ability to take extended break for pumping session
- Ability to bring needed pumping supplies into testing center

Note that children are not permitted at PSI testing centers. If you are exclusively breastfeeding, please contact us at certification@aota.org to discuss options.

If you require accommodations beyond those listed above, please contact us at certification@aota.org prior to submitting your application. You may be required to submit different documentation.

To request lactating individual examination accommodations, please upload this form as part of your application. AOTA must receive your Candidate Form, Provider Form, and letter from your licensed health care provider in order to process the accommodations request. The provider's documentation should identify on letterhead (i) your date of delivery, (ii) the last time the provider saw you, and (iii) that you are currently lactating/nursing.

Name: _____

Address: _____

Email Address: _____

Phone Number: _____

I understand that AOTA will use the information obtained by this authorization to determine eligibility for a reasonable accommodation in regard to this examination. Under penalty of perjury, I declare that the foregoing statements and those in any required accompanying documents or statements are true. I understand that false information may be cause for denial or revocation of certification. I hereby certify that I personally completed this portion and that I may be asked to verify the above information at any time.

Signature: _____

Date: _____

This document, along with the Provider Form and letter from your licensed health care provider, should be uploaded to your online application.