



**STATE OF NEW JERSEY  
 DEPARTMENT OF ENVIRONMENTAL PROTECTION  
 BOARD OF TREE EXPERTS  
 101 WEST VETERANS HIGHWAY  
 JACKSON, NJ 08527  
 (732)534-0982**



**SPECIAL ACCOMMODATIONS REQUEST**

The New Jersey Board of Tree Experts testing process may involve one or more examination methods that require candidates to participate by:

1. Accessing test centers and sitting in desks, chairs, etc.
2. Marking answer sheets (e.g., multiple-choice examination)
3. Writing answers in narrative form using a pen or pencil (e.g., short answer or essay examination)
4. Performing physical activity by walking outside over various surfaces to various locations for several hours
5. Visually assessing and writing answers in narrative form using a pen or pencil (e.g., field examination)
6. Reading examination material
7. Listening to examination instructions

Return the completed form to:

NJ Board of Tree Experts  
101 West Veterans Highway  
Jackson, NJ 08527

If you have any questions:

Telephone: (732)534-0982  
FAX: (732)534-0983  
E-mail: njtreeexperts@gmail.com

NOTE: Any information regarding your ADA accommodations will be kept confidential and retained in a separate file at the NJ Board of Tree Expert's office. Please respond within two weeks of the receipt of this form, so that we can provide the assistance you need. Without this information, we will not be able to provide reasonable accommodations for you.

**SECTION 1**

To be completed by the CANDIDATE. Please check the accommodations you are requesting:

**A. Visual / Learning**

- Reader
- Marker
- Extra Time
- Separate Room

**B. Hearing**

- Interpreter
- Separate Room

**C. Mobility**

- Special Parking
- Marker
- Testing rooms as close as possible
- Special Seating
- Personal Attendant to be provided by entrance or rest room

**D. Other**

**SPECIAL ACCOMMODATIONS REQUEST**  
**SECTION 2**

To be completed by a Doctor or Child Study Team and to be signed by candidate.

The following candidate has filed for a New Jersey Board of Tree Experts examination and has indicated on the application form that ADA assistance is needed. Whenever possible, the NJ Board of Tree Experts provides reasonable accommodations to allow persons with disabilities to participate in the examination process. Please assist us in this process by completing the following information and returning it to the candidate.

Please review the candidate's medical history and the information he/she provided under Section 1 of this form. Complete Section 2 if you support the claim of need for the ADA accommodation.

Print Candidate Name \_\_\_\_\_

Candidate Signature \_\_\_\_\_

Diagnosis \_\_\_\_\_

Special Accommodation(s) Requested \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Print Doctor's Name and Medical Degree \_\_\_\_\_

Doctor's Signature \_\_\_\_\_

Child Study Team / Title \_\_\_\_\_ Department \_\_\_\_\_

Street Address \_\_\_\_\_ Certificate/License No. and State \_\_\_\_\_

Mailing Address if Different \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Fax Number \_\_\_\_\_

Date Signed \_\_\_\_\_

Please note, any information regarding your patient's ADA accommodations will be kept strictly confidential and in a separate file with the NJ Board of Tree Experts. By virtue of signing this form, you are consenting that we may contact the physician and/or child study team for clarification, verification and/or questions. If you fail to complete or sign this form, the NJ Board of Tree Experts cannot guarantee that your accommodation request will be honored.