NFPT
NATIONAL FEDERATION OF PROFESSIONAL TRAINERS
A SUMMIT COMPANY

Accommodation Request Packet

Complete and send all forms to NFPT at least **30 days before** your desired NFPT-CPT exam date.

Submit Packet:

Email: Info@NFPT.com

Mail: Summit Professional Education
501 Union Street, Suite 545, PMB 626120
Nashville, TN 37219-1876

PHONE **800-729-6378**
EMAIL **info@nfpt.com**
WEB **www.nfpt.com**

Last Reviewed: May, 2026 / Next Review: January 2028

ACCOMMODATION REQUEST PACKET

NFPT Certification is committed to providing an equitable, accessible examination experience for all NFPT-CPT candidates. The purpose of a testing accommodation is to ensure that the examination accurately measures an individual's minimal competency; specifically the knowledge, skills, and abilities required of a Certified Personal Trainer, rather than reflecting the structural effects of a sensory, manual, cognitive, or psychological impairment. Accommodations are designed to provide equal access to the exam but do not alter the passing standard or guarantee a specific testing outcome.

If you require an accommodation, you must carefully complete and submit this packet **at least 30 days prior** to your desired examination date. NFPT cannot process incomplete requests, and all approved accommodations must be finalized before scheduling an exam appointment with our testing vendor. NFPT will confirm receipt within 2 business days and send a decision by email within 5 business days of receiving a complete packet. Please note that an accommodation request does not extend your initial exam eligibility window; your application remains valid only until your standard testing period expires.

A complete Accommodation Request Packet consists of:

- The Candidate Accommodation Request Form
- The Professional Evaluation Form (or acceptable standalone institutional documentation issued within the past 5 years)
- Any necessary auxiliary supporting documents that clearly demonstrate the functional need for the modification

Approved accommodations are arranged at no additional charge to the candidate. To protect candidate privacy, all score reports, diagnostic sheets, and official certificates remain identical to standard documentation and do not disclose whether an exam was administered with accommodations.

NFPT Certification staff coordinates directly with our testing vendor, SMT/Prometric, to implement approved accommodations across both physical testing centers and secure live-remote proctored environments. Please contact the NFPT Certification Department with any questions or concerns regarding the application process.

- **Documentation Criteria**
  To request accommodations, you must generally have an appropriately licensed healthcare professional complete the Professional Evaluation Form. However, if you have comprehensive documentation that independently verifies your diagnosis and functional limitations, you may submit it in lieu of the professional form.
- **Alternative Documentation Criteria: Previous Accommodations**
  Candidates who do not provide a current physician attestation may instead submit official documentation of prior testing accommodations approved by a former college, university, or high school. To be accepted, these records (such as an IEP, 504 Plan, or formal institutional approval letter) must be dated within the last five (5) years to demonstrate a recent history of needed accommodations. The documentation must clearly outline the specific testing modifications previously granted and reflect functional limitations relevant to taking this examination. The National Commission for Certifying Agencies (NCCA) standards require that all approved accommodations maintain exam validity while ensuring equitable access.

- **Accommodations of a Personal or Physical Nature**
  NFPT provides reasonable auxiliary aids and modifications to ensure equitable exam access; however, we do not provide accommodations of a personal or physical nature (e.g., assistance with lifting, physical mobility, or personal care).

  With prior approval from NFPT Certification staff, a personal assistant may help a candidate set up at the testing workstation. However, to maintain strict examination security, personal assistants are not permitted to remain in the testing room during the exam. This restriction does not apply to approved, documented auxiliary exam personnel, such as an official Reader or Recorder.

- **Appeals**
  If your request is denied, you may appeal to the NFPT Certification Council within 30 days under the Non-Disciplinary Appeals Policy in the NFPT Certification Candidate Handbook.

Return the completed packet:

Email: Info@NFPT.com

Mail: Summit Professional Education
501 Union Street, Suite 545, PMB 626120
Nashville, TN 37219-1876

Questions or concerns? Call 800-729-6378

CANDIDATE ACCOMMODATION REQUEST FORM

Section 1: Candidate Information

CANDIDATE NAME: _____ NFPT ID #: _____

RESIDENTIAL ADDRESS: _____

CITY: _____ STATE/PROVINCE: _____

POSTAL CODE: _____ COUNTRY: _____

PRIMARY PHONE: _____ CELL PHONE: _____

EMAIL: _____

Section 2: Exam Information

Name of the Exam(s) Requested: NFPT-CPT Exam

Exam Site Requested (city/state): _____

Earliest Date You Are Available to Test: _____

Describe your Disability: _____

_____

Section 3: Accommodation Request

Please check the accommodation(s) you are requesting.

Additional Exam Time Needed

☐50% (time and one-half)

☐100% (double time)

Assistance

☐Reader

☐Recorder of answers

☐Sign language interpreter (for spoken directions only)

☐Other: _____

Additional Comments (For example: "Will need to bring a nurse assistant."): _____

_____

You are not required to provide full medical records. Please describe how your disability or condition impacts your ability to take the NFPT-CPT exam under standard circumstances.

Type of disability or condition: _____

Describe the functional limitations that affect testing: _____

_____

Most requests are decided within 5 business days of receiving a complete packet. If a request needs more time (for example, an independent evaluation), NFPT will notify you of the delay and the expected timeframe. If you are requesting additional exam time, please explain how your condition supports the amount of time requested.

PLEASE READ AND SIGN:
I authorize release of the attached forms to NFPT Certification and SMT/Prometric staff to review and arrange the requested accommodation.

I give my permission for my diagnosing professional to discuss with NFPT Certification and/or SMT/ Prometric staff my records and history as they relate to the requested or suggested accommodation.

I understand and agree that NFPT Certification staff and/or SMT/Prometric staff may provide my records to an appropriate professional selected by NFPT Certification staff and/or SMT/Prometric for an independent evaluation relating to my request or to the organization or agency for which the exam is administered.

Candidate Signature: _____ Date: _____

LICENSED PROFESSIONAL EVALUATION FORM

To Be Completed Only by a Licensed Professional

To the Licensed Professional:

By completing and signing this form, you verify that you have formally diagnosed the candidate named herein with the disability documented below, or that you have treated this candidate in your professional capacity for said disability. You further verify that the recommended accommodations are clinically necessary to provide equitable access to the examination and accurately measure the candidate's competency.

The purpose of a testing accommodation is to ensure that examination results reflect a candidate's job-related knowledge and skills rather than the functional effects of a sensory, manual, cognitive, or psychological impairment. Accommodations are designed to provide equal opportunity and must not alter the security, validity, or integrity of the exam.

Please note that NFPT Certification and its testing vendor, Prometric, are unable to accommodate requests for "unlimited time." If extended testing time is required, you must specify a precise multiplier (e.g., time-and-a-half / 1.5x) or a specific duration.

If you have questions regarding the examination format, testing environment, or required documentation, please contact the NFPT Certification Department at 800-729-6378 or via email at info@nfpt.com.

Exam Candidate Name: _____

Licensed Professional (Please Print your Name):_____

Address: _____

City, State, ZIP: _____

Phone Number: _____ Fax Number: _____

Email: _____

License Number: _____ State of Licensure: _____

Board Certification: _____

Signature of Professional: _____ Date: _____

* Candidate's diagnosis and your recommendation on back page (Attach additional pages if needed.)

LICENSED PROFESSIONAL EVALUATION FORM

To Be Completed Only by a Licensed Professional

Exam Candidate Name: _____

Diagnosis:

I have known _____ *(candidate)* since _____ *(date)* in my capacity as a _____. The candidate has been diagnosed with the following disability. (**Please provide historic details on the candidate's condition(s).**)

_____

_____

_____

_____

_____

The candidate or NFPT Certification staff has discussed with me the nature of the test to be administered. It is my opinion that because of the candidate's disability, the candidate should be accommodated with the following accommodation(s). (**Please include explanation for the accommodation.**)

_____

_____

_____

_____

_____

_____

_____

Signature of Professional: _____ Date: _____

Licensed Professional's Name *(printed):* _____

Licensed Professional's Title: _____