

FORM C

**SOUTH DAKOTA BOARD OF CHIROPRACTIC EXAMINERS
STATEMENT REGARDING TESTING ACCOMMODATIONS GRANTED**

Applicant Name

The above named applicant received special testing accommodations during the administration of exams at _____ for the following disability(s):

during the following periods: _____

The special testing accommodations provided are described as follows:

Signature

Date

Title

Telephone Number