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