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**Nursing Mother Accommodations Form**

Accommodation requests can be submitted at the time of certification application or no later than 60 days prior to the start date of the certification examination testing week. Email all requests to applications@ucns.org.

1. **Personal Information**

**Full Name**:  **Title (MD, DO, etc.)**:

**Address**:

**City**:  **State**:  **Zip**:

**Email**: **Phone #**:

1. **Accommodation requested for the following examination:**

[ ]  Autonomic Disorders

[ ]  Behavioral Neurology & Neuropsychiatry

[ ]  Clinical Neuromuscular Pathology

[ ]  Headache Medicine

[ ]  Interventional Neurology

[ ]  Neonatal Neurocritical Care

[ ]  Neurocritical Care

[ ]  Neuroimaging

[ ]  Neuro-oncology

1. **Accommodation Request**

[ ]  Additional 15-minute break

[ ]  Additional 30-minute break

I certify that the above information is true and accurate. I agree that during the approved break I will not communicate with any other individuals regarding examination content. By typing your name in the space provided, you are submitting the electronic equivalent of a legal signature.

To verify the contents of this form, the signatory must enter their name in the space provided. Acceptable “signatures” should be preceded and followed by the forward slash (/) symbol. Acceptable “signature” should be as follows: /John Doe/.

Signature:  Date: