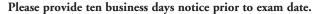
Request for Food Handler Exam Accommodation



Reviewed by

Approved

Not Approved



This form is to be completed and submitted directly to the National Restaurant Association (Association) by the Instructor or Organization administering the exam. If an examinee submits this form directly to the Association, the form will not be processed. Please provide the following information and fax the form to 866.665.9570 (toll-free), or to 312.583.9853 (local direct).

Section I. Reason for the accommodation request. (Check the appropriate box and read) ☐ A.D.A. DISABILITY **INTERPRETER/READER NEEDED** Where an interpreter or reader is needed for a language not offered or for someone that has Documentation required for Accommodation literacy issues, an examinee is permitted to request that their ServSafe Submit an official report that meets the following criteria Food Handler Instructor serve as the reader or interpreter or hire and for documenting the disability: pay for a qualified interpreter to assist the Instructor in administering • Written by a professional appropriately qualified for the exam. evaluating the disability. This individual is designated Documentation required for ServSafe Food Handler Interpreter/ as the "Certified Examiner." Reader that is not a Registered ServSafe Food Handler Instructor • Includes the examinee's name, date of birth and the Examinees who want to use an Interpreter must submit the credentials date of diagnosis or evaluation. of the interpreter, to include a copy of a business card or letterhead. • Signed by certified examiner. • The interpreter needs to be fluent in both English and the • Printed on the certified examiner's letterhead, which examinee's native language. must include the certified exams credentials, title, • The Interpreter may NOT be a distraction to the other students in address and telephone number. • The reader may NOT be a distraction to the other • The interpreter may have no personal or business relationship with students in the class. the examinee or be registered as an instructor or proctor with the • The Interpreter may not interpret subjective opinions or provide cues to the examinee. • The interpreter must sign and return the attached Confidentiality Agreement. Section II. Examinee Information Examinee Name Daytime Telephone Email Description/Reason that qualifies the examinee for the accommodation (use separate sheets if needed) Type of assistance requested Section III. Instructor/Organization Information Date sent to the National Restaurant Association Contact Email Address Organization Name and Address Instructor Name and Registration Number Instructor Contact Telephone Date of Exam Contact Name (if different from the Instructor) Contact Telephone (if different from the Instructor) NATIONAL RESTAURANT ASSOCIATION INTERNAL USE ONLY Date Received Date Documentation Received

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Date

Type of accommodation

Reason



Interpreter Nondisclosure and Confidentiality Agreement

Please return this Nondisclosure and Confidentiality Agreement with the Accommodation Request Form

This Interpreter Nondisclosure and Confidentiality Agreement (hereafter "Agreement") is made on this date, as listed below, by Interpreter and between the National Restaurant Association Solutions, LLC.

The content reviewed is considered privileged and strictly confidential information. All information will be considered proprietary and confidential information and will be held in strictest confidentiality and by all participants who will be held liable for any breach of this **Agreement.**

This **Agreement** shall be governed by, construed in accordance with, and enforced solely in the State of Illinois. Each party agrees any claim or action relating to the **Agreement** shall be commenced exclusively in an appropriate court in the State of Illinois and each party waives any objection to personal jurisdiction in such court the party may otherwise have.

The parties agree that this **Agreement** shall be interpreted and enforced according to the State of Illinois. That the **Agreement** represents the entire **Agreement** between the parties and supersedes any prior oral or written agreement, understanding or communication on the subject matter. The provisions hereof shall be binding upon and inure to the benefit of the parties and their successors.

Interpreter	
Ву	
Signed	
Title	
Date	
National Restaurant Association Solutions, LLC	
Ву	
Signed	
Title	