# BACB Examination Accommodation Request Form

If you are an individual with a current condition defined as a disability under the Americans with Disabilities Act (ADA) or a comparable human rights law in your country who would like to request testing accommodations, please complete this form and submit it with supporting documentation when completing your certification application through your BACB portal account. Please note that all accommodation requests are confidential.

Once this form and supporting documentation are submitted, the BACB will conduct a review. The review process typically takes 10–14 days. The BACB may request additional documentation during its review, which may result in longer processing times. Please also allow for additional time to make accommodation arrangements with our authorized test-delivery partner, Pearson.

The BACB must receive and review this form and supporting documentation **before** you schedule your examination appointment.

**After an accommodation decision is made and your application is approved, you will receive instructions for scheduling the examination.**

Description of Disability (please include the specific diagnosis):

Indicate whether the disability is temporary or permanent: ☐ Temporary ☐ Permanent

Explain how the disability affects your ability to take the examination:

You **must** provide official documentation from a **qualified professional** (e.g., physician, school official, licensed psychiatrist, licensed psychologist). Documentation should confirm the presence, nature, and extent of your disability, along with a description of the specific accommodations recommended. If you have received past testing accommodations for standardized testing or in an academic setting, please provide that documentation as well (e.g., letter from your university, Individualized Education Plan [IEP], documentation from another organization like the BACB). If you do not provide appropriate documentation as outlined, your accommodation request may be delayed or denied.

Documentation of Disability (list the documents that you are providing):

Qualifications of the Professional Who Diagnosed Your Disability (should be a qualified, licensed/certified professional practicing within their scope of competence in a field that is relevant to your disability):

Specific Accommodations Prescribed to You by the Qualified Professional:

**Requested Accommodations:**

***Note***: All computer-based testing sites are wheelchair accessible. A keyboard shortcut (e.g., Ctrl +) can also be used during the examination to increase the size of the text. Certain Comfort Aids do not require pre-approval but may be subject to inspection at the time of testing.

**Time Adjustments (Select Only One)**

- ☐ Additional 30 Minutes
- ☐ Additional 60 Minutes
- ☐ Time and a Half
- ☐ Double Time

**Additional Accommodations (Select All That Apply)**

- ☐ Scribe
- ☐ Reader and Separate Testing Room
- ☐ Separate Testing Room
- ☐ Separate Testing Room With Sit-Stand Workstation
- ☐ Other (please explain below)

Other Requested Accommodations:

I agree that correspondence regarding my accommodation request may be sent to me via email.

The BACB is not liable for the disclosure of confidential information that may arise as a result of email transmission (e.g., your email is read by your coworkers or employers).

**Applicant Signature:** _____ **Date:** _____

**Applicant Name (Print):** _____ **Phone:** _____

**BACB ID Number:** _____ **Email:** _____

**Examination:** ☐ RBT ☐ BCaBA ☐ BCBA

*This document must be signed in accordance with the Acceptable Signatures Policy.*