



BACB Examination Accommodation Request Form

Only submit this form if you are an individual with a current physical or mental impairment or limitation described as a disability under the [Americans with Disabilities Act \(“ADA”\)](#) and you are requesting special testing arrangements or other accommodations.

Accommodations requests will be kept confidential. If you are requesting an accommodation, please submit this Accommodation Request Form and the supporting documentation to the [legal documents upload page](#). If you are mailing your accommodation request, we strongly encourage you to use a verifiable method of delivery, as the BACB will not be responsible for accommodation requests lost in the mail. If supporting documentation is not received within thirty (30) days of the request by the BACB, the Accommodations Request will be denied.

For examination candidates only: If you are requesting examination accommodations, this Accommodations Request Form and your supporting documentation must be received by the BACB prior to scheduling your examination appointment. The BACB will not process your accommodations request until your application for examination has been submitted. Your examination application and your accommodations request will be reviewed separately. Approval of your examination application does not mean your accommodations have been approved. Please note that this review is typically completed within 10-14 days. However, some requests involve a substantial investment of time to review. Additional supporting documentation may be requested and once approved, necessary arrangements may be made. As such, we recommend submitting your request for accommodations as far in advance as possible.

Name: _____
Last First M.I.

Description of Disability (identify the diagnosis):

Identify whether condition is temporary or permanent: Temporary Permanent

Explain how the disability affects your ability to take the examination or perform other activities:

You **MUST** provide official documentation **from a physician, school official, licensed psychiatrist, licensed psychologist or other appropriate authority**. This documentation should identify your disability and your need for the requested accommodations. Appropriate documentation may include an official letter, a report of test results, documentation of prior accommodations you have received (include any IEP plan you may have) and any other official documentation of your disability and the need for accommodations. For additional information on the kinds of documentation required, refer to the [BACB Examination Accommodations Page](#). If you do not provide appropriate documentation, approval of your accommodation request may be delayed or denied.

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

Qualifications of the Practitioner Who Diagnosed Your Disability (should be a licensed professional qualified to practice in a field that is appropriate for your disability):

Specific accommodations prescribed for you by the qualified practitioner:

Accommodations Requested (Check all that apply):

NOTE: All of our computer based testing sites are wheelchair accessible. Control + and – can be used to adjust screen magnification on all of our examinations.

Time Adjustments (select only one)

- Additional 30 minutes
- Additional 60 minutes
- Time and a Half
- Double Time

Additional Accommodations (select all that apply)

- Scribe/Amanuensis
- Reader and Separate Testing Room
- Separate Testing Room
- Adjustable Height Desk
- Sign Language Interpreter
- Other, examination related accommodations (please explain below)
- Other, non-examination related accommodations (please explain below)

Other:

Description of how the requested accommodation ameliorates your disability. There should be a logical connection between the nature of the disability and the requested accommodation:

List all accommodations you have previously received by date and type of accommodation and general purpose of accommodations (such as, college examinations, licensing accommodations, employment accommodations). You must provide documentation of all listed accommodations.

Some accommodations require coordination with your testing center. Please identify the testing center where you would like to test and one alternative if you are unable to schedule at your preferred testing center:

- 1. Preferred Testing Location: _____
- 2. Alternative Testing Location: _____

I agree that correspondence regarding my accommodation request may be sent to me via:
(Please select at least one communication method that you authorize for correspondence.)

- email
- phone
- may leave message

The BACB will not be liable for disclosure of confidential information sent via your preferred method of communication, which is disclosed in transition or at the destination (for example, if your email is read by 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](#).