



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 via the [Submit Accommodation Documentation](#) web page. 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 VUE](#).

The BACB must receive and review this form and supporting documentation **before** you schedule your examination appointment. Your certification application and your accommodation request will be reviewed separately. Please note that an approved certification application does not mean that your accommodation request is approved.

Please do not attempt to schedule your examination until you receive an email about the status of your accommodation request and the next steps you must take to schedule your 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 may include an official report confirming the presence, nature, and extent of your disability, along with a description of the specific accommodations recommended. Please also include documentation (e.g., letter from your university, Individualized Education Plan [IEP], documentation from another organization similar to the BACB) of any past testing accommodations that you have received for standardized testing or in academic settings. If you do not provide appropriate documentation, 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 (Check All That Apply):

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.

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
- 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](#).