



# BACB Exam 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 exam candidates only:** If you are requesting exam accommodations, this Accommodations Request Form and your supporting documentation must be received by the BACB prior to the exam application deadline. The BACB will not process your accommodations request until your application for exam has been submitted. Your exam application and your accommodations request will be reviewed separately. Approval of your exam application does not mean your accommodations have been approved. We encourage you to apply prior to the exam application deadline, in the event that your Accommodations Request Form and/or supporting documentation are incomplete. Please note that preferred testing times fill up quickly; it is best to apply as early as possible prior to an exam window to allow time for obtain additional documentation/verification, if required by the BACB Reviewers.

**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 exam 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 Exam 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 exams.

**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, exam related accommodations (please explain below)
- Other, non-exam related accommodations (please explain below)

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 exams, 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 **initial** at least one communication method and any other that you authorize the BACB to use for corresponding with you.)

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:** \_\_\_\_\_

**Exam:**    RBT    BCaBA    BCBA  
             NYAutism    NYLBA    NYCBA

*This document must be signed in accordance with the [Acceptable Signatures Policy](#).*