

**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.

**This form must be submitted with your exam application prior to the application deadline.  
Allow about two weeks for processing this request.  
This application may be processed independently of your exam application.**

This form, accompanying documentation, and any related accommodations will be kept confidential.

Name: \_\_\_\_\_  
Last First M.I.

I understand that my accommodation request will be approved separately from my exam application and that an approval notice for the exam does not constitute approval of this accommodation request.  
I understand that correspondence regarding my accommodation request may be sent to me via: (Please initial all communication methods that you authorize the BACB to use for corresponding with you.)  
\_\_\_\_\_ email \_\_\_\_\_ United States mail \_\_\_\_\_ fax

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 and fax are read by coworkers or employers).

Description of Disability (identify the diagnosis):  
\_\_\_\_\_  
\_\_\_\_\_

Description of Current Functional Limitations Resulting from the Disability (explain how the disability affects your ability to take the exam):  
\_\_\_\_\_  
\_\_\_\_\_

You must provide documentation of your disability. This **MUST** include 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 [www.bacb.com/exam-accommodations](http://www.bacb.com/exam-accommodations).)

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

If you do not provide appropriate documentation, approval of your accommodation request may be delayed or denied. **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.**

**ACCOMMODATION REQUEST FORM (continued)**

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):

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Specific accommodations prescribed for you by the qualified practitioner:

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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 1)**

- 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
  - Zoom Text (screen magnification only)
  - Other (*please explain below*)
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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):

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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.

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SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_