Board Certified Autism Technician

Special Accomodations Request Form

If you have a disability covered by the Americans with Disabilities Act (ADA), please complete this form and the ***Documentation of Disability-Related Needs Form***. The information you provide, and any documentation regarding your disability and special accommodation, will be treated with strict confidentiality and will not be shared with any source, without your express written permission, except for BICC.

Please submit forms to: ***helpdesk@behavioralinterventioncertificationcouncil.org***

APPLICANT INFORMATION

First Name: _____ MI: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

SPECIAL ACCOMODATIONS

Given the nature of the test to be taken by the above-named candidate, it is my opinion that he/she should be accommodated by providing the following special arrangements:

Check all that apply:

- ☐ Accesible testing site
- ☐ Separate testing room
- ☐ Extended testing time
- ☐ Other special accomodation: _____
- ☐ Screen Magnifier (Large Font)
- ☐ Reader Required for Learning Disability
- ☐ Reader Required for Visual Disability

Comments _____

_____

Date _____ Signature _____

Board Certified Autism Technician

Documentation of Disability-Related Needs Form

Candidates for the BCAT certification examination who have a learning, psychological, or other disability that requires accommodation during testing must provide a written disability report prepared by an appropriately qualified, licensed health care professional (e.g. physician, nurse practitioner, psychologist, psychiatrist).The information you provide, and any documentation regarding your disability and special accommodation request, will be treated with strict confidentiality.

LICENSED HEALTHCARE PROVIDER DOCUMENTATION

I have known _____ since _____
Test applicant name Date

in my capacity as a _____
Professional Title

SPECIAL ACCOMODATIONS

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- ☐ Extended testing time
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_____ _____
Date Signature