

Section 9: Forms

Special Accommodations 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: leadership@behavioralcertification.org at least 3 weeks prior to the desired testing date.

APPLICANT INFORMATION

First Name: _____ MI: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

SPECIAL ACCOMMODATIONS

Please provide (check all that apply)

- | | |
|--|---|
| <input type="radio"/> Accessible Testing Site | <input type="radio"/> Screen Magnifier (Large Font) |
| <input type="radio"/> Separate Testing Room | <input type="radio"/> Reader Required for Learning Disability |
| <input type="radio"/> Extended Testing Time | <input type="radio"/> Reader Required for Visual Disability |
| <input type="radio"/> Other special accommodation: _____ | |

Comments: _____

Applicant's Signature: _____ Date: _____