

## 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 completed form to: [leadership@behavioralinterventioncertification.org](mailto:leadership@behavioralinterventioncertification.org)

#### 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: \_\_\_\_\_

## 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.

Please submit completed form to: [leadership@behavioralinterventioncertification.org](mailto:leadership@behavioralinterventioncertification.org)

### LICENSED HEALTHCARE PROVIDER DOCUMENTATION

I have known \_\_\_\_\_ since \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
*Test applicant*

in my capacity as a \_\_\_\_\_  
*Professional Title*

### SPECIAL ACCOMMODATIONS

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:**

- Accessible testing site
- Screen Magnifier (Large Font)
- Separate testing room
- Reader Required for Learning Disability
- Extended testing time
- Reader Required for Visual Disability
- Other special accommodation: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_ License \_\_\_\_\_  
*(if applicable)*