



NATIONAL BOARD FOR  
CERTIFIED COUNSELORS®



CENTER FOR  
CREDENTIALING  
& EDUCATION™

## Special Examination Accommodation Request Form For State Licensure Candidates

The National Board for Certified Counselors, Inc. (NBCC) and the Center for Credentialing & Education, Inc. (CCE) provide appropriate accommodations for individuals with disabilities related to NBCC and CCE Examination administrations. The State licensing agency is responsible for identifying and requiring the information and documentation that candidates must submit in order to request a special test accommodation. This form may be used by candidates with disabilities to request a special test accommodation(s), unless the relevant State licensing agency has its own documentation requirements.

The existence of a disability does not automatically necessitate an accommodation. Consistent with the Americans with Disabilities Act (ADA), a disability is a physical or mental impairment that substantially limits a major life activity or bodily function. The State agency will review all candidate special test accommodation requests, and make a decision approving or denying the requested accommodation(s).

All test accommodation approval determinations made by a State agency are subject to final NBCC/CCE approval consistent with the [Special Examination Accommodations Policy](https://www.nbcc.org/exams/accommodations), which can be reviewed on the NBCC website, located at: <https://www.nbcc.org/exams/accommodations>.

### A. Examination Candidate Information

This Section A of the Special Examination Accommodation Request Form must be completed by the candidate. Section B of the Request Form must be completed by a qualified professional who has recently evaluated the candidate with respect to the identified disability(ies).

**Candidate Name:**

**Candidate ID Number:**

**Candidate Address:**

**Examination for which Candidate is requesting accommodation(s):**

**Disability(ies):**

**Requested Accommodation(s):**

## B. Qualified Professional Use Only

**This Section of the Request Form must be completed by a qualified professional who has recently evaluated the examination candidate identified above.** A qualified professional is an individual, who possesses appropriate expertise in evaluating and assessing the disability for which the accommodation is sought, and who is licensed or otherwise properly credentialed. Only a credentialed professional who has assessed the candidate, and understands the impact of the disability(ies) on the participant's ability to participate in the examination, may complete this Section of the Form.

1. **Diagnosed Disability(ies) of the Candidate:**
  
2. **Date of Individualized Assessment of the Candidate:**
  
3. **Disability Assessment Method:**
  
4. **Disability Impairment:** Please describe how the impairment substantially limits the candidate's major life activities:
  
  
5. **In-Person Test Administration/ Recommended Accommodation(s):** Based on the Candidate's disability(ies) and impairment, please identify the accommodation(s) you recommend to make the Examination, taken at an in-person testing center, accessible for this candidate:  
  
\_\_\_\_\_ Additional Examination Time (Please specify the amount of extra time): \_\_\_\_\_  
\_\_\_\_\_ Human Reader  
\_\_\_\_\_ Human Scribe  
\_\_\_\_\_ Enlarged Text  
\_\_\_\_\_ Screen Magnification Technology  
\_\_\_\_\_ Job Access With Speech (JAWS) Screen Reader Software  
\_\_\_\_\_ Sign Language Interpreter  
\_\_\_\_\_ Separate Testing Environment/Private Test Room  
\_\_\_\_\_ Scheduled Breaks (With Paused Examination)  
\_\_\_\_\_ Braille Text  
\_\_\_\_\_ Special Seating (Please describe):

- \_\_\_\_\_ Glucose Supplies
- \_\_\_\_\_ Medication Access
- \_\_\_\_\_ Personal Care Attendant
- \_\_\_\_\_ Nursing Mother Accommodations
- \_\_\_\_\_ Other accommodation(s) (Please describe):

**6. Internet-Based (Online) Test Administration/ Recommended Accommodation(s):** Based on the Candidate's disability(ies) and impairment, please identify the accommodation(s) you recommend to make the Internet-based (online) Examination accessible for this candidate:

- \_\_\_\_\_ Additional Examination Time (Please specify the amount of extra time): \_\_\_\_\_
- \_\_\_\_\_ Other accommodation(s) (Please describe):

Name and Title of Qualified Professional	License and/or Other Relevant Credentials No.	
State of Licensure and/or Credentials		
Signature of Qualified Professional	Date	
Name of Practice	Phone Number	
Business Address		
City	State	Zip Code
Email Address		