



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, 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): _____

(NOTE: A request for Additional Examination Time cannot be combined with a request for a Scheduled Breaks accommodation. If both are requested and approved, the candidate will be asked to select one.)

_____ Human Reader

_____ Human Scribe

_____ Enlarged Text

(NOTE: Maximum font size for the Enlarged Text accommodation is 24-point font. If a font size of 25-point or higher is needed, please select "Screen Magnification Technology" below.)

_____ Screen Magnification Technology

(NOTE: Magnification starts at 25-point font and can be increased up to a maximum of 60% magnification of the standard font size.)

_____ Job Access With Speech (JAWS) Screen Reader Software

(NOTE: Candidate must be familiar with and proficient in JAWS to receive this accommodation. No other screen reader software is available.)

_____ Sign Language Interpreter

_____ Separate Testing Environment/Private Test Room

_____ Scheduled Breaks (With Paused Examination)

(NOTE: A request for Scheduled Breaks cannot be combined with a request for an Additional Examination Time accommodation. If both are requested and approved, the candidate will be asked to select one.)

_____ 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