

Candidates with Disabilities Test Modification Request Form

Candidates with disabilities covered by the Americans with Disabilities Act, the Canadian Federal Disabilities Act, or the Canadian Charter of Human Rights must complete this form and have an appropriate licensed professional complete the Documentation of Disability-Related Needs form in order for their accommodations request to be processed.

Your Name:

Address:

City:

State:

Zip:

Country: (If outside the US)

Phone:

Email:

Date Submitted:

Exam Date Request:

I would like to request the following testing modifications:

Signature

[OR click to: Submit Electronic Form](#)

Note: The BCPA exam is delivered online via remote proctoring. Remote proctoring allows candidates to take the exam safely at home and at a time that is convenient. PACB works with the exam provider (Examity) to support candidate needs for special accommodations. It is important to note that some accommodations that may be available at 'physical testing centers' are not supported for remotely proctored exams. The most common instance is the request for a break. To ensure the security and integrity of the exam process, candidates may not leave the room at any time during the exam. A sit/stand option may be allowed, as well as a brief break for medication and/or water as long as the candidate remains in clear view of the proctor. In the space above, please describe the type(s) of accommodations requested.

Documentation of Disability-Related Needs by Qualified Provider

This form must be completed by a licensed healthcare provider or an educational/testing professional. The nature of the disability, identification of the test(s) used to confirm the diagnosis, a description of past accommodations made for the disability, and the specific testing modifications requested must be included.

Professional Documentation – I have known:

Since: _____ In my capacity as a(n): _____

Professional Title:

The applicant discussed with me the nature of the test being administered. It is my opinion that because of this applicant's disability described below, he/she should be accommodated by providing the special arrangements listed on the Test Modification Request Form.

Comments on Disability:

Signature:

Title:

Organization:

License # (if applicable):

Phone:

Date

Candidate Instructions:

Return this form with a copy of the Test Modification Request Form to:

Certification Department
PACB
2300 Wildwood Ave, #6771
Sherwood, AR 72120

Or by email to admin@pacboard.org with the subject line: Test Modification Request in the subject line;
or submit online at: <https://pacboard.org/modification/>