



SPECIAL ACCOMMODATIONS REQUEST

Applicant's Name: _____ Date: _____

CCE will review this request after you have been approved to take the BCC Examination. Following that approval, CCE's Assessment Department will contact you regarding the special accommodation arrangements.

CANDIDATES WITH DISABILITIES

NOTE: There is no extra charge for these arrangements.

Identify briefly the nature of your disability. Attach documentation from a qualified professional. Diagnosis must be included in the documentation, as well as arrangements you will need to complete the BCC Examination. Documentation may not be more than five years old.

I certify that this information is correct.

Applicant's Signature

Date (mm/dd/yyyy)

CANDIDATES FOR WHOM ENGLISH IS A SECOND LANGUAGE

NOTE: Additional fees apply for ESL applicants. For information on fees, contact CCE before applying.

I request extended time for the BCC Examination because English is not my native language.

Applicant's Signature

Date (mm/dd/yyyy)

CANDIDATES FOR INTERNATIONAL TESTING

NOTE: Accommodations will be made for international candidates to test outside of the United States. CCE will send additional information regarding available international testing sites upon completion of the application review process.

- Please check here if you request to take the BCC Examination outside of the United States. Please indicate the city and country in which you want to test: _____

Upon review of my application, I request more information on international examination arrangements.

Applicant's Signature

Date (mm/dd/yyyy)