



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 and submit along with your CCA Examination Registration 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 the BCCA and testing vendors.

Please submit forms to: Board for Certification in Clinical Anaplastology (BCCA)

PO Box 8665
Delray Beach, Florida
33482

APPLICANT CONTACT INFORMATION		
Last Name:		First Name:
Middle Initial:		Degree/Credential:
Phone:	Fax:	Email:
Personal Address:		
City:		State/Province: ZIP Code:
SPECIAL ACCOMMODATIONS		
Please provide (check all that apply):		
<input type="checkbox"/> Accessible testing center	<input type="checkbox"/> Separate testing room	
<input type="checkbox"/> Extended testing time	<input type="checkbox"/> Screen Magnifier (Large Font)	
<input type="checkbox"/> Reader Required for Learning Disability	<input type="checkbox"/> Reader Required for Visual Disability	
Other:		
Comments:		

Signature: _____ Date: ____/____/____