



8. How long ago was your disability first professionally diagnosed?

< 1 year

1-2 years

3-4 years

> 4 years

9. What accommodation(s) are you requesting? *Accommodation(s) must be appropriate to the disability.*

---

---

10. If you are requesting additional time, please indicate the amount of time supported by your documentation.

---

Double time

Other (specify)

11. Do you require wheelchair access to the examination facility? Yes No

12. Prior test accommodations that you have received on

**STANDARDIZED EXAMINATIONS:**

a. Scholastic Aptitude Test (SAT): Month/Year \_\_\_\_\_ / \_\_\_\_\_

Accommodations received \_\_\_\_\_

b. American College Testing Program (ACT): Month/Year \_\_\_\_\_ / \_\_\_\_\_

Accommodations received \_\_\_\_\_

c. Graduate Record Examination (GRE): Month/Year \_\_\_\_\_ / \_\_\_\_\_

Accommodations received \_\_\_\_\_

d. National Licensing Examination (EPPP): Month/Year \_\_\_\_\_ / \_\_\_\_\_

Accommodations received \_\_\_\_\_

e. State Licensing Examination:

State \_\_\_\_\_ Month/Year \_\_\_\_\_ / \_\_\_\_\_

Accommodations received \_\_\_\_\_

f. Graduate School:

Name of School \_\_\_\_\_ Month/Year \_\_\_\_\_ / \_\_\_\_\_

Accommodations received \_\_\_\_\_

g. American Board of Professional Psychology (ABPP):

Specialty Board \_\_\_\_\_

Month/Year \_\_\_\_\_ / \_\_\_\_\_

Accommodations received \_\_\_\_\_

h. Other Board Certification:

Specialty Board \_\_\_\_\_

Month/Year \_\_\_\_\_ / \_\_\_\_\_

Accommodations received \_\_\_\_\_

13. I certify that the above information is true and accurate. If test accommodations provided to me include a deviation from the standard testing schedule, I agree that, from the time I begin the examination until I have completed it, I will not communicate in any way, to the extent possible, with any other individuals taking the examination, and I will not communicate in any way to others about the content of the examination.

If clarification of further information regarding the documentation provided is needed, I authorize the ABCN to contact the professional(s) who diagnosed the disability and/or those entities which have provided me test accommodations. I authorize such professional(s) and entities to communicate with the ABCN in this regard and to provide the ABCN with such clarification and/or further information.

Signature \_\_\_\_\_ Date \_\_\_\_\_

American Board of Professional Psychology, Inc.  
American Board of Clinical Neuropsychology

**CHECKLIST A**  
**Documentation Requirements for All Disabilities**

**To be granted accommodations at either the written or oral examination of ABCN, the applicant must submit a letter or report diagnosing the applicant's disability. The letter/report must include the following:**

- \_\_\_\_\_ Be written by a licensed or certified professional who is appropriately qualified to evaluate the disability.
- \_\_\_\_\_ Be on the examiner's letterhead with the examiner's credentials, address, and telephone number given in the letterhead or title.
- \_\_\_\_\_ The candidate's name, date of birth, and date of testing, and it must be signed by the examiner.
- \_\_\_\_\_ Identify the applicant's disability and how the disability substantially limits one or more major life activities of the applicant.
- \_\_\_\_\_ A history of the disability, including previous settings in which accommodations have been granted. If there have been no previous accommodations, the examiner must explain why current circumstances necessitate accommodations.
- \_\_\_\_\_ Diagnostic information from one of the following sources: International Classification of Diseases, American Psychiatric Association Diagnostic and Statistical Manual of Mental Disorders (DSM-IV).
- \_\_\_\_\_ Specific recommended accommodations with a rationale for why each accommodation is needed.

American Board of Professional Psychology, Inc.  
American Board of Clinical Neuropsychology

**CHECKLIST B**  
**Documentation Requirements for Learning Disabilities**

**To be granted accommodations at either the written or oral examination of ABCN, the applicant must submit a letter or report diagnosing the applicant's disability. The letter/report must include the following:**

- \_\_\_\_\_ A psychoeducational or neuropsychological evaluation of the applicant as an adult prepared by a licensed or certified psychologist.
- \_\_\_\_\_ A complete cognitive assessment using appropriate standardized and well-normed tests.
- \_\_\_\_\_ A comprehensive achievement test battery in relevant areas such as, reading, spelling, written language, and mathematics.
- \_\_\_\_\_ Test instruments must be reliable, valid, and standardized on adult populations. Test scores must be reported using standard scores or percentiles.
- \_\_\_\_\_ A history of the candidate's educational performance documenting the nature of school difficulties. Information about learning difficulties in school and documentation of prior accommodations should also be included.
- \_\_\_\_\_ Documentation of cognitive and achievement deficits that relate directly to the requested accommodations.

American Board of Professional Psychology, Inc.  
American Board of Clinical Neuropsychology

**CHECKLIST C**  
**Documentation Requirements for**  
**Attention Deficit/Hyperactivity Disorder**

**To be granted accommodations at either the written or oral examination of ABCN, the applicant must submit a letter or report diagnosing the applicant's disability. The letter/report must include the following:**

- \_\_\_\_\_ A multidimensional diagnostic evaluation by an appropriately licensed or certified psychologist, neuropsychologist, or physician that includes historical, observational, medical, developmental, neuropsychological testing, and educational testing information.
- \_\_\_\_\_ The letter or report must have been completed within the past five years of the candidate's request for accommodations and include a description of the current functional limitations.
- \_\_\_\_\_ A summary of clinical interviews, observations, and results from checklists provided by the candidate and parents, teachers, professionals, or supervisors.
- \_\_\_\_\_ Results of each objective test must be listed and reported in standard scores or percentiles.
- \_\_\_\_\_ A discussion of possible differential diagnoses must be included.
- \_\_\_\_\_ Recommendations for treatment (medication or behavioral interventions) and academic accommodations should be included with a rationale for why specified test accommodations are needed. It is important to document prior accommodations. If prior accommodations have not been provided, a clear explanation should be included as to why the requested accommodations are needed at this time.