



Board of Behavioral Sciences
1625 North Market Blvd., Suite S200, Sacramento, CA 95834
Telephone: (916) 574-7830
www.bbs.ca.gov



NCMHCE EXAMINATION CANDIDATE POLICIES AND PROCEDURES FOR REQUESTING TESTING ACCOMMODATIONS

This packet is ONLY for applicants taking the National Clinical Mental Health Counseling Examination (NCMHCE) through the National Board of Certified Counselors (NBCC). All other applicants must apply through [Pearson Vue](#).

The Board of Behavioral Sciences (Board) recognizes its responsibilities under Title II of the Americans with Disabilities Act and the California Fair Employment and Housing Act (Government Code sections 12925 et seq.) to provide reasonable, appropriate and effective accommodations to qualified examination candidates with disabilities or specified medical conditions. However, these laws do not require, and the Board will not provide, an accommodation which would do any of the following:

- Fundamentally alter the measurement of the knowledge or skills the examination is intended to test;
- Afford unfair advantage to the candidate;
- Compromise examination security;
- Propose the Board provide personal services or devices, or
- Create an undue financial and administrative burden to the Board.

Qualifying Conditions

A disability is a physical or mental impairment that limits a major life activity of an individual. Mental disabilities include, but are not limited to, any mental or psychological disorder or condition such as mental retardation, organic brain syndrome, emotional or mental illness, or a specific psychological disorder or condition that requires special education or related services. For more information about qualified disabilities and medical conditions, see California Government Code section 12926.

Requesting Accommodations

A candidate who seeks an accommodation is responsible for making the request and providing documentation substantiating the need for accommodation. You do NOT need to request an accommodation for a physically accessible exam site, as all sites are physically accessible.

Requesting Accommodations (continued)

DO NOT SUBMIT YOUR REQUEST FOR ACCOMMODATION UNTIL YOU HAVE SUBMITTED YOUR APPLICATION TO TAKE THE EXAM AND FEE TO NBCC.

DO NOT SCHEDULE YOUR EXAM UNTIL YOUR ACCOMMODATION HAS BEEN APPROVED. Processing time will vary depending on the volume of requests.

The information that substantiates your request for accommodation will be kept confidential to the extent provided by law. The Board will evaluate your request in order to provide an appropriate and effective accommodation. You will be notified in writing of the Board's decision. Applicants have the right to review their records subject to the provisions of the Information Practices Act.

I. FORMAT OF EXAMINATION

The NCMHCE consists of objective multiple-choice questions, lasts a total of 260 minutes which includes 5 minutes for the non-disclosure agreement, a 15-minute tutorial, and a 15-minute break. You do not need knowledge regarding the operation of a computer or the ability to type. A tutorial will be provided to you at the testing site. The exam is designed to measure job-related knowledge, skills, and abilities as defined in the results of an occupational analysis for the profession. See the candidate handbook for more information (go to www.bbs.ca.gov and select the "Exams" tab, then select LPCC).

II. DOCUMENTING THE NEED FOR ACCOMMODATION

The Board is mandated to protect the public by licensing only those applicants who demonstrate minimum competency to practice. In order to protect the integrity and fairness of the licensure testing process, the Board requires documentation from a qualified evaluator regarding the candidate's disability or medical condition, and a description of how the accommodation sought is necessary in order to provide the candidate with an equal opportunity to exhibit knowledge, skills and abilities through the examination.

To be considered a qualified evaluator, the professional must meet all of the requirements listed in the attached *Professional Evaluator Instructions*. The Board may also assess the qualifications of the professional supplying the information, the methods used to make the diagnosis of the disability or medical condition, and determine the recommended accommodation.

The evaluation and supporting documentation shall be valid for a period of three (3) years from the date on which it was submitted to the Board, except that no further documentation will be required in cases where the evaluation clearly states that the applicant's condition is not expected to change over time in any way that would reduce the need for the requested accommodations. The Board will give greater weight to a more recent diagnosis if the condition or accommodations are subject to change over time.

If you have previously received the same or similar accommodations for a prior administration of the examination, and you are still in the exam cycle, you may submit a signed statement specifying that your condition has not changed in any way that would require modification of the accommodation previously provided.

III. EVALUATION OF THE ACCOMMODATION REQUEST

The Board is responsible for evaluating requests for accommodation, and will either approve, deny or suggest alternative accommodations. The Board's Accommodation Coordinator will evaluate each request on an individual basis, and will consider an applicant's history of accommodation in reaching a determination of reasonableness of the request in relation to the currently identified impact of the disability or medical condition.

The candidate is responsible for having the professional evaluator send the Board the required documentation describing the disability or medical condition and how it affects the candidate's ability to demonstrate his or her aptitude and achievement in the format in which the exam is given. The cost of providing this information to the Board is the candidate's responsibility.

If the Accommodation Coordinator believes the accommodation(s) requested cannot be approved, he or she will consult with the candidate to reach a mutually agreeable resolution, if possible.

If the Board does not accept a qualified professional's documentation regarding a requested accommodation, where the required supporting documentation is timely and complete, the Board will bear any cost associated with gathering further evidence to determine the reasonableness of the requested accommodation.

The Board may provide alternative accommodations other than those requested when they will result in an appropriate and reasonable accommodation. If the Board rejects or modifies a candidate's requested accommodation for any reason, the Board will notify the candidate in writing. The Board will provide specific reasons for the rejection or modification, and will inform the candidate of the right to appeal and the procedures for the appeal.

NOTICE ON COLLECTION OF PERSONAL INFORMATION

**Board of Behavioral Sciences**

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CANDIDATE REQUEST FOR TESTING ACCOMMODATION National Clinical Mental Health Counselor's Examination (NCMHCE)

The Board will provide reasonable accommodations to an applicant with a disability or medical condition, as defined in law. Be sure to read the instructions thoroughly before completing this form.

Processing time may vary depending on the volume of requests received. **Accommodations will not be provided at the exam site unless prior approval by the Board has been granted.**

All information pertaining to your disability or medical condition is **confidential** and will not be divulged except as permitted or required by law. *Please type or print clearly in ink.*

BBS File Number:	SSN or ITIN*:		
Legal Name:	Last	First	Middle
Email Address:			

** You may provide either your Social Security Number, your Federal Employer Identification Number, or Individual Taxpayer Identification Number, as applicable*

1. What is your diagnosed disability or medical condition(s)?

2. Does this disability or medical condition limit one or more of your major life activities?

No Yes

Applicant Name:	Last	First	Middle
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3. I request the following accommodation (check all that apply):

- Reader
 - Scribe
 - One additional hour to take exam (breaks included)
 - 50% Extra Time (time and one-half = additional two hours, breaks included)
 - 100% Extra Time (double time = additional four hours, breaks included)
 - Tested separately
 - Other (specify): _____
-

4. Provide written verification of your disability from a professional described in the attached *Policies and Procedures* that supports the accommodations you are requesting. The Board will not pay for any costs you may incur in obtaining the required documentation. However, the Board will pay for any accommodations that are approved.

NOTE: Knowingly providing false information or omitting pertinent information may be grounds for denial of this application.

Signature of Applicant

Date



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PROFESSIONAL EVALUATOR INSTRUCTIONS

DOCUMENTATION OF DISABILITY OR MEDICAL CONDITION

for Candidates Requesting Testing Accommodations for the National Clinical Mental Health Counselor's Examination (NCMHCE)

The Board of Behavioral Sciences (Board) recognizes its responsibilities under Title II of the Americans with Disabilities Act and the California Fair Employment and Housing Act (Government Code sections 12925 et seq.) to provide reasonable, appropriate and effective accommodations to qualified examination candidates with disabilities or specified medical conditions.

However, these laws do not require, and the Board will not provide, an accommodation which would do any of the following:

- Fundamentally alter the measurement of the knowledge or skills the examination is intended to test;
- Affords unfair advantage to the candidate;
- Compromises examination security;
- Proposes the Board provide personal services and devices, or
- Creates an undue financial and administrative burden.

A disability is a physical or mental impairment that limits a major life activity of an individual. Mental disabilities include, but are not limited to, any mental or psychological disorder or condition such as mental retardation, organic brain syndrome, emotional or mental illness, or a specific psychological disorder or condition that requires special education or related services. For more information about qualified disabilities and medical conditions, see California Government Code section 12926.

The information supplied to substantiate a candidate's request for an accommodation will be kept strictly confidential to the extent provided by law. The Board will evaluate each request individually, in accordance with applicable law, in order to provide an appropriate and effective accommodation.

I. QUALIFICATIONS OF PROFESSIONAL EVALUATORS

To be considered a qualified evaluator, the professional must meet the following requirements:

1. Possesses sufficient qualifications to evaluate for the existence and nature of the disability or medical condition, and to recommend accommodations.
2. Cannot be an individual with a personal or professional relationship to the applicant.
3. For a **physical disability or medical condition**: The evaluator must be a licensed health care practitioner who is qualified to make the diagnosis and has expertise pertaining to the disability or medical condition.
4. For a **mental disability or diagnosis**: The evaluator must be a licensed mental health care professional who is qualified to make the diagnosis and has expertise pertaining to the diagnosis.
5. For a **learning disability**: The evaluator must be one of the following:
 - a. A licensed psychologist or physician who has a minimum of three (3) years of experience working with adults with learning disabilities, and who has training in all of the areas described below.

OR

- b. A professional who possesses a master's or doctorate degree in special education or educational psychology from a regionally accredited institution and who has at least three (3) years of equivalent training and experience in all of the areas described below.
 - Assessing intellectual ability level and interpreting tests of such ability;
 - Screening for cultural, emotional and motivational factors;
 - Assessing achievement level; and,
 - Administering tests to measure attention and concentration, memory, language reception and expression, cognition, reading, spelling, writing, and mathematics.

II. FORMAT OF EXAMINATION

The National Clinical Mental Health Counseling Exam (NCMHCE) consists of objective multiple-choice questions, lasts a total of 260 minutes which includes 5 minutes for the non-disclosure agreement, a 15-minute tutorial, and a 15-minute break. The candidate does not need knowledge regarding the operation of a computer or the ability to type. A tutorial will be provided at the testing site. The exam is designed to measure job-related knowledge, skills, and abilities as defined in the results of an occupational analysis for the profession. See the candidate handbook for more information (go to www.bbs.ca.gov and select the "Exams" tab, then select LPCC).

III. DOCUMENTING THE NEED FOR ACCOMMODATION

All candidates requesting a reasonable accommodation must provide documentation from a qualified evaluator that includes all of the following information:

- Evidence of the existence of the disability or medical condition.
- The nature and extent of the disability or medical condition.
- Whether the disability or condition is expected to change over time.
- The effect of the disability or medical condition on the candidate's ability to perform under standard testing conditions.
- The accommodation(s) recommended and how the accommodation is expected to allow the candidate to attain the same level of performance as non-disabled test-takers.
- The following information about the professional evaluator:
 - Name and title
 - Telephone number
 - Professional license type and number
 - A description of the credentials, education and experience that qualifies the professional to make the determination
 - Original signature



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PROFESSIONAL EVALUATION AND DOCUMENTATION OF CANDIDATE DISABILITY OR MEDICAL CONDITION

National Clinical Mental Health Counselor's Examination (NCMHCE)

Use of this form by a professional evaluator is optional. However, if this form is not used, all information requested must be provided on original letterhead of the evaluator and include an original signature. Otherwise, the request for accommodation will be incomplete and cannot be processed.

Please type or print clearly in ink.

APPLICANT:

Name of Applicant:	Last	First	Middle
BBS File Number:	SSN or ITIN*:		

** You may provide either your Social Security Number, your Federal Employer Identification Number, or Individual Taxpayer Identification Number, as applicable*

PROFESSIONAL EVALUATOR:

Name of Evaluator:	Type of Professional License:		
Business Name:	Telephone number:	License Number:	

1. Describe the credentials, education and experience which qualify you to make the diagnosis. (See section I of the instructions for required qualifications)

2. What is the nature of the applicant's condition? Physical Mental Learning

3. What is the applicant's diagnosed disability or medical condition?

4. Describe how the diagnosis limits one or more major life activities.

Applicant Name: Last	First	Middle
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5. Is the disability or medical condition expected to change in any way over time? No Yes
If YES, in what way?

6. What is the effect of the disability or condition on the applicant's ability to perform under standard testing conditions? (See section II of the instructions for information on examination format)

7. What accommodation(s) do you recommend?

Reader

Scribe

One additional hour to take exam (breaks included)

50% Extra Time (time and one-half = extra two hours, breaks included)

100% Extra Time (double time = additional four hours, breaks included)

Tested separately

Other (specify): _____

8. How does the recommended accommodation relate to the applicant's disability or condition, given the format of the examination?

9. How would this accommodation allow the applicant to attain the same level of performance as other non-disabled test-takers?

Signature of Professional Evaluator

Date