

Texas Behavioral Health Executive Council

1801 Congress Ave, Ste 7.300
Austin, TX 78701
(512) 305-7700
www.bhec.texas.gov



Testing Accommodations Guidelines

The Texas Behavioral Health Executive Council (BHEC) provides reasonable and appropriate test accommodations to individuals with documented disabilities who demonstrate a need for test accommodations. Test accommodations are designed to best ensure that a test measures what it purports to measure, rather than the effects of the disabling condition. The purpose of test accommodations is to provide candidates with full access to the test, not to guarantee improved performance, a passing score, test completion, or any other specific outcome.

The ADA defines disability as a physical or mental impairment that substantially limits a person's ability to perform one or more major life activities as compared to most people in the general population. Examples of major life activities include, but are not limited to, seeing, hearing, reading, concentrating, and thinking.

Determination of whether an individual's functioning is substantially limited as compared to most people is based on an individualized assessment of the current impact of the identified impairment(s).

BHEC approves testing accommodations for candidates seeking to be approved by the State of Texas to sit for the Examination for Professional Practice in Psychology (EPPP). Please note that the candidate must have an active application on file with BHEC to request a testing accommodation.

Guidelines

- 1. Evidence of a disability.** You should provide evidence demonstrating you have functional limitations that require accommodation on the national examination.
- 2. Rationale.** Your documentation should provide a detailed rationale for each accommodation that you are requesting.
- 3. Appropriateness of your requested accommodation.** The requested accommodation should be appropriate to the specific task and setting of your

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exam, which may be different from accommodation that were approved in the past for different types of tasks in other settings.

Your requested accommodation must not compromise the validity, integrity, or security of the exam, the exam process, or the exam results.

The requested accommodation should not result in a fundamental alteration to the test, so that the test no longer measures what it is intended to measure. This would compromise the mission of BHEC, which is public protection. For example, requests to waive portions of the exam, alter test questions, reduce the number of possible answer choices, or to otherwise modify the content of the test will not be approved.

- 4. Documentation.** Documentation is current if it can reasonably be expected to illustrate how you will be functioning on test day, and how your limitations may be hindered by specific barriers on the test.

Individuals with history of past accommodations

If you received testing accommodation in the past, either during school or on another standardized test, in addition to your Accommodations Request Form, provide one of the following:

- Documentation from a school or university outlining the accommodation you received during your education.
- Documentation of accommodations received for another standardized test (for example the GRE, SAT, etc.).
- Personal statement describing the formal or informal accommodation you received.

Please note: Separate rooms are appropriate for candidates requiring assistive personnel (e.g., reader or scribe), who need to read aloud, or that need to have items, such as medical supplies, with them while testing. If a candidate requires an environment with minimal distractions, the main testing room is appropriate. The testing center is designed to minimize distractions.

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Individuals who do not have a history of testing accommodations.

If you have not received testing accommodation in the past, provide the following documentation to support your BHEC accommodation request.

- A completed Accommodations Request Form
- Evaluations and/or other documentation as outlined below

You should carefully review these guidelines to be sure your documentation allows our evaluators to make an informed decision. These guidelines are not mandatory; they are intended to be guidance for you and/or your evaluator. All requests are carefully reviewed in their entirety and on an individualized, case-by-case basis.

- 5. Qualified Professional:** We do not require your documentation to come from a doctor or psychologist, as long as it clearly indicates a qualified diagnosis. We strongly consider documentation from professionals who know you best, who can attest to the functional limitations you experience on a day-to-day basis due to your disability – including employers, counselors, or professors.
- 6. Personal impact statements** can also be supplied by candidates to describe how testing is impacted by their disability and why the requested accommodation is necessary.

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Additional Information

Diagnosis

A formal medical or mental health diagnosis made or confirmed within the last five years by a licensed professional qualified to make the diagnosis describing the need for specific accommodation. The diagnosis must have been made or confirmed within the last 12 months for psychiatric disabilities. This requirement does not apply to physical or sensory disabilities of a permanent or unchanging nature.

Disability

To be considered for test accommodation, regardless of your diagnosis, you must demonstrate that you are a person with a disability. A disability is a substantial limitation, in a major life activity. Major life activities include areas of functioning that are central to daily life, such as reading, thinking, seeing, hearing, and walking.

While documentation of your diagnosed condition may come from a doctor or psychologist, documentation about your disability-- the functional impact and limitations caused by your condition often does not come from doctors, but instead comes from other people in your life who know you better on a day-to-day basis, such as an employer or counselor.

Below are examples of types of documentation that could assist in establishing yourself as a person with a disability:

- Personal letter from work supervisor or Human Resources staff, that explains the functional impact of your condition at work, and the workplace accommodations that are provided to you, such as extra time to do your work, an alternate work schedule, or use of assistive technology
- Counselor's letter that explains the functional limitations of your condition and the practical strategies that you use for managing your condition on a day-to-day basis

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- Difficulty in managing day-to-day activities without assistance or support, especially where there are numerous distractions present, such as grocery shopping, driving a car, going to a movie theater, attending a sporting event, etc.
- Evidence of government disability benefits (SSA/SSDI)
- Evidence of veteran's benefits
- A letter from the state's Department of Vocational Rehabilitation indicating the services you received

Submitting your Complete Request Form and Supporting Documentation:

Securely upload your accommodations request and documentation directly with your application for licensure via the BHEC online application portal. Link to portal <https://vo.licensing.hpc.texas.gov/datamart/login.do>.

If you already submitted your licensure application, you may submit your accommodations request and documentation via the [Contact US form](#), select the *Psychology Applications/Licensing Program* from the drop down menu or via email psychology@bhec.texas.gov.

Privacy Policy

All accommodation requests are confidential. BHEC will only release personal and/or personal health information to authorized persons or organizations, on a confidential, need-to-know basis, specifically for the purposes of reviewing and making decisions regarding accommodations requests. This may include selected BHEC staff as well as contracted external disability experts. Accommodations related documentation will not be released to any third party (except contracted experts) without the candidate's express written consent.

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Testing Accommodations Request Form

Section A: To be completed by the Exam Candidate

First Name _____ Last Name _____

Address _____

City _____ State _____ Zip Code _____

Date of Birth _____ Last 4 SSN _____

Phone No. _____

Email Address _____

Exam Type: ☐ EPPP

1. Provide a written description of your disability and functional limitations resulting from the disability.

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2. **Prior Testing Accommodations:** Document testing accommodations approved for prior standardized testing (e.g. SAT, GRE, college exams, etc.) If no prior accommodation exists, the qualified professional should explain why no accommodations were given in the past and are needed now.

3. Do you have a formal medical or mental health diagnosis made or confirmed within the last five years by a licensed professional qualified to make the diagnosis describing the need for specific accommodation? ☐ Yes ☐ No
4. Do you have a formal psychiatric disability diagnosis made or confirmed within the last 12 months by a licensed professional qualified to make the diagnosis describing the need for specific accommodation? ☐ Yes ☐ No

Candidate's Signature _____ Date _____

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Section B. To be completed by a Qualified Professional

This Section of the Request Form must be completed by a qualified professional who has recently evaluated the examination candidate identified in Section A of this form.

Candidate Name _____ **Date of Birth** _____

1. Diagnosed Disability of the Candidate:

2. Disability Impact: Describe how impairment substantially limits the candidate's major life activities (such as seeing, hearing, learning, reading, concentrating, or thinking) or a major bodily function (such as the neurological, endocrine, or digestive system) when compared to most people in the general population:

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3. Recommended Testing Accommodations based on the Candidate's disability(ies) and impairment:

- ☐ Extended Time: Standard Time + 50% (Time and a Half)
- ☐ Extended Time: Standard Time + 100 % (Double Time)
- ☐ Extended Time: Additional 30 Minutes
- ☐ Frequent Breaks (*does not stop the clock*)
- ☐ Separate Room ☐ Reader ☐ Scribe ☐ Zoom Text
- ☐ Locker Access (snacks/medications) ☐ Medical Device/Supplies
- ☐ Other:

3a: Explanation why accommodations listed above is necessary to minimize impact of the disability while taking the high stakes examination.

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I hereby certify that the above information is true and is given pursuant to the authorization to release information by the above-named candidate. I attest I have specific training and experience in the assessment, diagnosis, and treatment of the disability identified above. I hereby certify I personally completed this form and provided specific recommendations for reasonable accommodation for the high stakes exam noted above. I understand that the Texas Behavioral Health Executive Health Council may contact me to obtain additional information or obtain an independent assessment by a second professional.

Signature of Qualified Professional	Date	
Print Name of Qualified Professional	Title	
Address	City, State, Zip Code	
Phone Number	Email Address	
Type of Professional	License/Cert No.	Expiration Date

BHEC Office Use Only	
L&P Staff	Board Admin
Appl Type: <input type="checkbox"/> LP <input type="checkbox"/> LPA	Test Accommodations Approved: <input type="checkbox"/> As Requested by Qualified Professional <input type="checkbox"/> Other
File Number	Appl Expiration Date
Appl Phase: <input type="checkbox"/> Initial Appl <input type="checkbox"/> Post Approval	
	Date Approved
	Date Sent to Certemy
	Date Notice Sent to Candidate