

TSBEPC Testing Accommodation Form

For the National Counselor Examination (NCE) and
National Clinical Mental Health Counseling Exam (NCMHCE)



The Texas State Board of Examiners of Professional Counselors (TSBEPC) offers testing accommodations to individuals with documented disabilities, in accordance with the Americans with Disabilities Act (ADA). Under the ADA, a disability is defined as a physical or mental impairment that substantially limits one or more major life activities (e.g., reading, concentrating, seeing, walking, etc.).

Note: Prior approval is not required to schedule your exam. However, accommodations must be approved in advance before they can be implemented during testing.

Section 1: Applicant Information:

- Full Name: _____
- Date of Birth: _____
- Phone Number: _____
- Email Address: _____

Section 2: To Be Completed by a Licensed or Qualified Professional

This section must be completed by a licensed healthcare or mental health professional who has recently evaluated the applicant and is familiar with the applicant's condition and how it impacts test-taking.

- Diagnosed Disability/Disabilities:

- How does disability affect test taking or major life activities?

Section 3: Requested Accommodations (Check all that apply.)

- Additional Examination Time (Specify duration: _____)
(May not be combined with "Scheduled Breaks" request.)
- Human Reader and Scribe (Approved by NBCC/CCE)
- Enlarged Text
- JAWS Screen Reader Software
- Screen Modification Technology
- English Second Language (ESL)
- Private or Separate Testing Room
- Scheduled Breaks with Paused Time
- Other Accommodations:

Section 4: Required Supporting Documentation

Please submit completed form and relevant documentation to:
accommodations@bhec.texas.gov

Section 5: Signatures

Applicant Declaration

I certify that the information provided is accurate to the best of my knowledge. I understand that submitting false or incomplete information may result in denial of my request.

Applicant Signature: _____

Date: _____

Qualified Professional Attestation

I certify that I am licensed and qualified to diagnose the conditions noted above. I have personally completed this form and provided a recommendation for reasonable accommodation based on my professional evaluation.

Name & Title: _____ License Number: _____

Phone Number: _____

Signature: _____ Date: _____