

CEBS[®] Exam Accommodations Policy

CEBS will attempt to assist candidates requesting testing accommodations to the extent that it is reasonably able. If you have a disability or other need that may affect your ability to take a CEBS examination under standard conditions, requests for accommodations must be made at the same time your examination application is submitted or at least two weeks prior to booking an exam appointment. We cannot guarantee that requests received less than two weeks prior to the examination date will be assessed and/or addressed.

To consider your request, CEBS requires documentation from an appropriate health practitioner, including: a description of your medical or health issue; results of any physical, psychoeducational and/or neuropsychological assessments; a clear diagnosis; details on how this diagnosis affects your ability to take the exam under standard conditions; and specific details of the accommodations requested.

Assessments and diagnosis documentation should be current (i.e., from within the last five years). If the documentation is not current, CEBS may request more current information before making a determination. Note that any information and documentation provided regarding the disability and need for accommodations in testing will be kept strictly confidential and will be shared only to the extent necessary with our testing vendor.

Once the required documentation is received, CEBS will review your request for testing accommodations. Reviews of accommodation requests may take up to two weeks to process.

To be eligible for consideration for testing accommodations, candidates must provide their requests in writing and include all of the required information. Please scan and email your completed form and documentation to Nathan Bares at nbares@ifebp.org. If you have questions, please call Nathan Bares at (262) 373-7649.

(continued on next page)

A JOINT PROGRAM OF

CEBS Exam Accommodations Request Form

PLEASE SELECT THE APPLICABLE EXAM

- GBA 1 RPA 1
 GBA 2 RPA 2
 GBA/RPA 3

PLEASE SELECT THE APPLICABLE EXAM QUARTER

- Window 1: January 15-March 15
 Window 2: April 15-June 15
 Window 3: July 15-September 15
 Window 4: October 15-December 15

CONTACT INFORMATION

Full name: _____

CEBS ID number: _____

Address: _____

City: _____ State: _____ Zip code: _____ Country: _____

Phone: _____ Email: _____

Please provide details on the specific accommodation(s) being requested:

Please outline the details of any previous accommodations you received for CEBS exams:

PLEASE INDICATE THE REQUIRED SUPPORTING DOCUMENTATION THAT YOU ARE INCLUDING:

- Doctor's/medical note Assessment documentation Other

I UNDERSTAND AND AGREE TO ABIDE BY THE FOLLOWING TERMS AND CONDITIONS:

- All decisions by CEBS to grant an accommodation are made on a case-by-case basis and are discretionary
- If an accommodation is granted, it only applies to the current exam administration for which I am applying
- I have read the Exam Accommodations Policy outlined on the previous page.

Signature _____ Date _____

Email completed form and documentation to Nathan Bares at nbares@ifebp.org.