

**SPECIAL ACCOMMODATIONS REQUEST
FOR WEST VIRGINIA LICENSURE CANDIDATES**

Use this form if you are requesting special accommodations for the examination. All requests are reviewed individually and are subject to WVBE approval.

Applicant's Name: _____

Candidates with Disabilities

Please identify briefly the nature of your disability. (Attach letterhead documentation with diagnosis and recommended accommodations by a qualified professional.) Specify the special accommodations and/or arrangements you will need to complete the National Counselor Examination for Licensure. Documentation may not be more than five years old.

I certify that this information is correct. I have attached the required documentation.

Applicant's Signature

Date

Candidates for Whom English is a Second Language

I am requesting two additional hours of exam time and/or permission to bring a non-electronic, word-to-word translation dictionary due to English as a second language (ESL). I have attached documentation from my graduate program showing that I received special accommodations due to ESL while in school.

Applicant's Signature

Date

Note: Cancellations of special exam accommodations must be made at least seven business days before the exam date.