

ADA ACCOMMODATION REQUEST FORM

In compliance with the Americans with Disabilities Act (ADA), KBN provides reasonable accommodations for candidates with disabilities that may interfere with their performance on the National Council Licensure Examination Licensure Examination (NCLEX). Disability is defined as a "physical or mental impairment that substantially limits one or more of the major life activities, which include, walking, seeing, hearing, speaking, breathing, learning, working, caring for one's self, and performing manual tasks."

Requirements:

1. **Complete and upload in the Nurse Portal: pages 2 and 3 of this ADA Accommodation form, letter from the school, letter from the doctor along with the test/assessment given. The documents may be uploaded and sent in the message center to the category 'RN/LPN Examination'.**
2. Be sure to write in the space provided, the reason you are requesting accommodations and any accommodations you were ever provided.
3. Request a written statement, on letterhead, from the disability coordinator at your education program, listing a detailed diagnosis and the accommodations provided to you while attending the program. The disability coordinator may require you to sign a release of information form before the documentation can be released to KBN.
4. On letterhead, detailed documentation from a qualified diagnostician with expertise in the diagnosed disability. (You may be required to sign a release form before the documentation will be released to KBN.) Documentation must include all of the following:
 - a. Recent (within the past two years) reports, test results, evaluations, and assessments of the need for accommodations due to a physical or mental disability that substantially limits one or more major life activities, and make sure the **applicable ICD code(s) with the diagnosis is listed on the letter from the doctor.**
 - b. A history of the disability and any past accommodations granted to the candidate, as well as a description of the disabilities impact on the individual's functioning,
 - c. Identification of the specific standardized and professionally recognized **adult** test/assessments given (such as Woodcock-Johnson, Wechsler Adult Intelligence Scale,), the scores resulting from testing, interpretations of the scores and evaluations,
 - d. Recommendations for testing accommodations with a stated rationale as to why the requested accommodations are necessary and appropriate for the diagnosed disability.
5. Register with Pearson Vue.

502-429-3300
800-305-2042

Fax: 502-429-3336

KENTUCKY BOARD OF NURSING

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Andy Beshear
Governor

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Last Name _____ First Name _____

Social Security Number _____

Date of Birth _____

Address _____

City _____ State _____ Zip Code _____

Telephone Number _____

Email Address _____

Diagnosis _____

Explain the nature and extent of your disability and how it will affect your ability to take the NCLEX examination.

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ACCOMMODATIONS REQUESTED (Select from the list below)

- Access to Nursing Mother Space**
Nursing Mother access to necessary medical equipment to pump. Candidate will use the designated space to pump.
- Extra Time - 1 Hour**
Receives 1 hour of additional time
- Extra Time - 2 Hours**
Receives 2 hours of additional time
- Extra Time - 3 Hours**
Receives 3 hours of additional time
- Extra Time - 30 Minutes**
Receives 30 minutes of additional time
- Extra Time-50 Percent Exam Time**
Receives an addition 50% of original time (RN Exam is 5 hours and LPN Exam is 4 hours)
- Extra Time - Double Time 2 Days**
Receives an additional 100% of original time to complete exam over a two day period
- Personal Item**
Diabetic items such as Glucose monitor, lancet, test strips, etc
- Screen Magnifier**
A device to magnify the computer screen is permitted in the testing room
- Separate Room**
Exam must be delivered in a separate room
- Separate Room & Reader**
A Reader will be present to read directions and test questions. The Reader may not answer or explain any content-related questions. Exam must be delivered in a separate room.
- Separate Room & Recorder**
A Recorder will be present to input answers as dictated by the candidate. Exam must be delivered in a separate room.
- Separate Room & Sign Lang Interp**
A Sign Language Interpreter will be present to facilitate communication with test center staff and to sign test questions. The interpreter may not answer or explain any content-related questions. Exam must be delivered in a separate room.
- ZoomText (Screen Mag Only), Adjustable Contrast and Adjustable Font Size**

A software application that allows for magnification greater than 200% and ability to change color of screen/text. Software is activated upon launching the exam. (Enlarges text letters, graphs and charts that are displayed on the screen).

Toggle option within the exam will be available to change the colors of the text and/or background at any time

Toggle option within the exam will be available to enlarge the screen at any time (Only allows enlarging text letters).

Signature

Date