

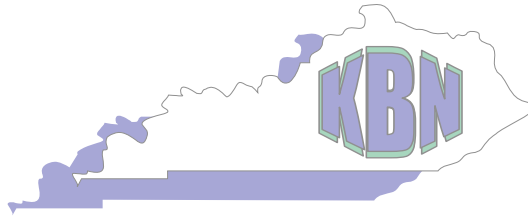
SPECIAL ACCOMMODATION REQUEST FORM

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 return pages 2 and 3 of this form to KBN. Be sure to write in the space provided, the reason you are requesting special accommodations and any accommodations you were ever provided.
2. 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.
3. 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 the applicable DMI code(s),
 - 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.

NOTE: no fax copies of any documentation will be accepted.



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Last Name _____

First Name _____

Street Address _____

Street Address _____

City _____

State _____ Zip Code _____

Telephone Number _____

Email Address: _____

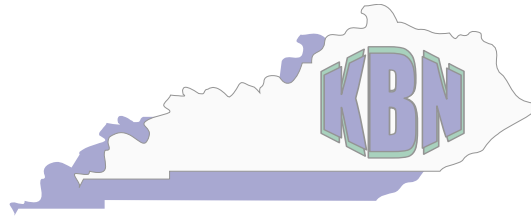
Name of Nursing Education Program: _____

Program Type: LPN/Vocational RN Diploma RN Associates RN Bachelors RN Entry -Level Masters

Expected Graduation Date: MM/YYYY _____ / _____ Exam Type: RN LPN

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)

- Extra two hours of testing time over one day.
- Extra three hours of testing time over one day.
- Extra testing time: Double testing time over two days
RN Candidates: 12 hours testing over two days
PN Candidates: 10 hours testing over two days
- Extra testing time: A maximum of 9 hours allowed per day
_____ Specify the number of hours requested.

- Separate Testing Area
- Reader
- Recorder
- Computer modifications
Adjustable Font Size
Adjustable Contrast

- Equipment modifications (provided by the testing center)
Adjustable computer table height
Adjustable swivel arm for the keyboard
Anti-glare overlay
Enlarged keyboard
_____ Specify the modification requested.

- Aids (provided by candidate)
_____ Specify the aid requested

- Sign Language Interpreter

Signature

Date