

REQUEST FOR SPECIAL EXAMINATION ACCOMMODATIONS

Please complete this form and the “Documentation of Disability-Related Needs” form on page 25 so the accommodation for testing can be processed efficiently. The information provided and any documentation regarding the candidate’s disability and need for accommodation in testing will be considered strictly confidential and will not be shared with any outside source without the candidate’s express written consent. Candidates who have existing documentation of the same or similar accommodation(s) provided for them in another examination situation may submit such documentation instead of completing the “Professional Documentation” portion of this form.

Applicant Information

Candidate ID number: _____
Last Name: _____
First Name: _____ Middle Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Daytime Phone Number: _____ Fax: _____
E-mail: _____

Special Accommodations:

Please provide (check all that apply)

- _____ Special seating or other physical accommodations
- _____ Magnifying screen for examination
- _____ Reader
- _____ Extended testing time (normally 1.5 additional hours)
- _____ Separate testing area
- _____ Other special accommodations (please specify)

Comments:

Signed: _____ **Date:** _____

Return this form to:

National League for Nursing
Academic Nurse Educator Certification Program
61 Broadway, 33rd Floor
New York, NY 10006

Also, please contact the NLN’s Academic Nurse Educator Certification Program at 1-800-669-1656 or certification@nln.org to inform us that you have submitted an online registration form and are mailing in the *Request for Special Accommodations* and *Documentation of Disability-Related Needs* forms.

DOCUMENTATION OF DISABILITY-RELATED NEEDS

Candidates who have a learning disability, a psychological disability, or other disability that requires an accommodation in testing, please have this section completed by an appropriate professional (education professional, doctor, psychologist, psychiatrist) to certify that the candidate’s disabling condition requires the requested test accommodation. Candidates who have existing documentation of the same or similar accommodation provided for them in another examination situation, may submit such documentation instead of completing the “Professional Documentation” portion of this form.

Professional Documentation

I have known _____ since _____ / _____ / _____
Candidate’s name Date

in my capacity as a(n) _____ .
Professional Title

The applicant discussed with me the nature of the test to be administered. It is my opinion that because of this applicant’s disability described below, he/she should be accommodated by providing the special arrangements listed on the reverse side.

Description of Disability:

Signed: _____ Title: _____

Printed Name: _____

Address: _____

Telephone Number: _____

Date: _____ License # (if applicable): _____

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