



## REQUEST FOR SPECIAL TESTING ACCOMODATIONS

### School Administrators and Health Care Professionals:

This form must be completed and submitted to the National League for Nursing (NLN) along with the necessary documentation referenced in the ADA policy to support your testing accomodation request. To process your information efficiently, the NLN must receive all information at least two weeks in advance for your planned test date.

Please Note: The information provided and any documentation regarding the examinee's disability and need for special testing accommodations will be considered strictly confidential and will not be shared with any outsidsource without the examinee's express written consent.

#### Examinee's Information

Last Name	<input type="text"/>
First Name	<input type="text"/>
Middle Initial	<input type="text"/>
Social Security Number	<input type="text"/>

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#### School Information

School Name	<input type="text"/>	
Address	<input type="text"/>	
City	<input type="text"/>	
State	<input type="text"/>	Zip Code <input type="text"/>

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#### School Contact Information

Name of School Administrator	<input type="text"/>
Title	<input type="text"/>
Daytime Phone Number	<input type="text"/>
Fax	<input type="text"/>
Email	<input type="text"/>

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**Special Accommodations**

Please provide (check all that apply)

- Special seating or other physical accommodations
- Large text/Magnified screen (if available) for examination
- Reader
- Extended testing time (normally 1.5 additional hours)
- Separate testing area
- Other special accommodations (please specify below)

Specify Test Title

**Specify Test Type**

RN or PN Pre-Admission

RN or PN Achievement (course)

**RN or PN Licensure and Readiness**

Nursing Acceleration Challenge Exam

Continuing Education Courses

**Required Documentation from Health Care Professional (please check):**

- Attached
- Not Attached

Signed   
(Indicate: School Administrator [SA], Health Care Professional [HCP])

Date

**Return this form to:**

NLN, Attn: Dr. Stephen Hetherman, 148 E. Pleasant Hill Rd. Suite 109  
Carbondale, IL 62903

or Fax 618-453-3333

**Office Use**

Special testing accommodations are:  Granted  Denied

Signed  Dr. Stephen Hetherman