REQUEST FOR SPECIAL EXAMINATION ACCOMMODATIONS

Please complete this form and the “Documentation of Disability-Related Needs” form that follows 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: _____________________________

Email: _____________________________

Special Accommodations:
Please provide (check all that apply)

_____ Special seating or other physical accommodations

_____ Reader

_____ Extended testing time (normally 1.5 additional hours)

_____ Separate testing area

_____ Other special accommodations (please specify)

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

Comments:

____________________________________________________________________________________________

____________________________________________________________________________________________

Signed: _____________________________

Date: _____________________________

Return this form to:
NLN Customer Service
Academic Nurse Educator Certification Program
2408A Lebanon Avenue
Shiloh, IL 62221

Also, please contact the NLN’s Academic Nurse Educator Certification Program at (618) 534-0294 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.

Rev.8/11/16