# 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)
  
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  __________________________________________________________

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Comments:

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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.

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