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)

_____ Extended testing time - time plus one-half exam time
_____ Extended testing time - double time
_____ Ergonomic chair or lumbar support
_____ Private Room
_____ Relief breaks as needed
_____ Semi Private room
_____ Other special accommodations (please specify)

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Comments:
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Signed: _________________________________________ Date: ____________________________

Return this form to:
National League for Nursing
Academic Nurse Educator Certification Program
2600 Virginia Avenue – Eighth Floor
Washington, DC 20037

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. This form and the Documentation of Disability-Related Needs forms can be uploaded to the certification portal.
DOCUMENTATION OF DISABILITY-RELATED NEEDS

Candidates who have a learning disability, a psychological disability, or other disability that requires an accommodation in testing must have this section completed by a professional having the appropriate qualifications to assess the individual’s needs (e.g. education professional, doctor, psychologist, psychiatrist). **The professional must 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 Request for Special Exam Accommodations form.

**Description of Disability:**

________________________________________________________

________________________________________________________

________________________________________________________

________________________________________________________

________________________________________________________

Signed: __________________________________ Title: __________________________________

Printed Name: ______________________________

Address:

________________________________________________________

________________________________________________________

________________________________________________________

Telephone Number: ______________________________

Date: ______________________________

License # (if applicable) ______________________________

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