

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@nlm.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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