



NLN
Credentialing
Department

Accommodations Handbook

National League for Nursing
Certification Program

August, 2022

Certification Program Statement and Process for Special Testing Accommodations

Special Arrangements for Candidates with Disabilities:

SCANTRON and the NLN comply with the Americans with Disabilities Act (ADA) and strive to ensure that no individual with a disability is deprived of the opportunity to take the examination solely by reason of that disability. SCANTRON will provide reasonable accommodations for candidates with disabilities. Wheelchair access is available at all established Assessment Centers. Candidates with visual, sensory, or physical disabilities that would prevent them from taking the examination under standard conditions may request special accommodations and arrangements. To request special accommodations and arrangements, complete the Request for Special Examination Accommodations and the Documentation of Disability-Related Needs forms located at the end of this Handbook. **The completed forms must be uploaded to your application in the Certification Portal. Additionally, the NLN's Academic Nurse Educator Certification Program must be notified that a request for special examination accommodations has been submitted by calling (618) 534-0294 or emailing certification@nlm.org.** The certification program will notify SCANTRON, the program testing platform, of acceptance and approval of the accommodation request. **The applicant must inform Scantron of the need for special accommodations when scheduling an examination appointment.**

ADA Requirements

The ADA defines an individual with a disability as one with a physical or mental impairment that impacts and limits a major life activity (seeing, hearing, learning, reading, concentrating, or thinking) or a major bodily function (neurological, endocrine, digestive). A substantial limitation of a major life activity is based on the extent of the impairment that may affect the condition, manner, or duration in which the person performs the life activity. (ADA Requirements, Testing Accommodations, 2014)

Necessary Information to be Provided

In accordance with the accreditation standing with the National Commission for Certifying Agencies (NCCA), the Certification program follows the Standard regarding the procedure for processing a request for a special testing accommodation (ICE, 2021).

*The following documentation accompanying a request for special accommodations for the testing experience is required:

- Documentation from a qualified professional, such as a licensed professional or certified specialist with training and experience in the assessment, diagnosis, or treatment of the relevant impairment. The documentation should include the following information.
- DSM diagnosis (in the case of mental impairments) or the diagnostic code for a specific professional recognized physical impairment.
- Description of the diagnostic criteria that were applied and a discussion and interpretation of relevant test results.
- Description of the functional limitations experienced by the candidate as a result of the impairment(s) and how the impairment limits the candidate's ability to perform one or more life activities that are relevant when taking an exam, as compared to most people in the general population.
- Description of how the impairment affects the candidate's ability to take the exam under standard testing conditions.
- Specific recommendations for reasonable accommodations and an explanation for why each testing accommodation is necessary to address the impact of the impairment when taking the exam.
- Any history of testing accommodations used by the candidate on other standardized or high-stakes examinations. If the candidate has not received prior testing accommodations, the qualified professional should address the fact and explain why testing accommodations were not provided in the past, and why they are needed now.
- The evaluator's professional credentials, including information about the professional's license or certification and an attestation that the professional has completed comprehensive training, with direct experience with diagnosing the specific disability.
- A candidate's statement of whether testing accommodations were used on other standardized or high-stakes exams, and verification by the candidate and why the testing accommodations are needed now.
- A candidate statement outlining the diagnostic and treatment history of the impairment(s).

*Adopted from Certification: The ICE Handbook, 2019

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: _____

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

_____ Semiprivate room

_____ Other special accommodations (please specify)

- The candidate's statement of whether testing accommodations were used on other standardized or high-stakes exams, and verification by the candidate and why the testing accommodations are needed now.
- The candidate statement outlining the diagnostic and treatment history of the impairment(s).

This should be written on a separate document and submitted with this application.

Signed: _____ Date: _____

Contact the NLN's Academic Nurse Educator Certification Program at (618) 534-0294 or certification@nln.org to inform us the accommodation request has been submitted with the online application. This form and the Documentation of Disability-Related Needs forms must be uploaded to the application on 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 ____ / ____ / ____
in my capacity as a(n) _____

Professional Title:

Experience in assessment, diagnosis, treatment of the relevant impairment:

Description:

DSM diagnosis and code:

Diagnostic code:

Description of the diagnostic criteria applied:

Discussion/interpretation of relevant test results:

Description of the functional limitation and how it limits the ability to perform major life activities:

Description of how the impairment affects ability to take an exam under standard testing conditions:

Specific recommendations for reasonable accommodation and why the accommodation is necessary:

DOCUMENTATION OF DISABILITY-RELATED NEEDS

History of test taking accommodations used by the candidate:

If no testing accommodations were needed in the past, a statement about the current need:

Professional Documentation

I have known _____ since ____ / ____ / ____
in my capacity as a(n) _____

Professional Title:

Experience in assessment, diagnosis, treatment of the relevant impairment.

Signed: _____

Title: _____

Printed Name: _____

Address:

Telephone Number: _____

Date: _____

License # _____

Contact the NLN's Academic Nurse Educator Certification Program at (618) 534-0294 or certification@nlm.org to inform us the accommodation request has been submitted with the online application. This form and the Documentation of Disability-Related Needs forms must be uploaded to the application on the Certification Portal.

References

Henderson, J. (Ed.). (2019). Certification: The ICE handbook. Washington, DC: Institute for Credentialing Excellence.

National Commission for Certifying Agencies. (2014). Standards for the accreditation of certification programs. Washington, DC: Institute for Credentialing Excellence.

National Commission for Certifying Agencies. (2021). Standards for the accreditation of certification programs. Washington, DC: Institute for Credentialing Excellence.

U.S. Department of Justice (Civil Rights Division). (2014). ADA Requirements.
https://www.ada.gov/regs2014/testing_accommodation