

Instructions for Requesting Reasonable Accommodations for NCLEX

REQUESTING REASONABLE ACCOMMODATIONS

In compliance with the Americans with Disabilities Act (ADA), the Oklahoma Board of Nursing provides reasonable accommodations for candidates with disabilities that may interfere with their performance on the National Council Licensure Examination for Registered Nurses (NCLEX-RN®) and/or Licensed Practical Nurses (NCLEX-PN®). If you are requesting reasonable accommodations for testing, please complete the attached “Request for Reasonable Accommodations for NCLEX” form.

DOCUMENTATION REQUIRED

Candidates requesting reasonable accommodations must submit the following documentation to support the request:

1. A completed “Request for Accommodations for NCLEX” form.
2. A letter of diagnosis provided within the last three years and supporting documentation completed by an appropriate medical professional with expertise in the areas of the diagnosed disability. Documentation of the disability should include:
 - a. A professionally recognized diagnosis;
 - b. A history of the disability and any past accommodations granted to the candidate and a description of its impact on the individual’s functioning;
 - c. Identification of the specific standardized and professionally recognized tests/assessments given;
 - d. The scores resulting from testing, interpretation of the scores and evaluations; and
 - e. Recommendations for testing accommodations with a stated rationale as to why the requested accommodation is necessary and appropriate for the diagnosed disability.
3. A letter from the director of the nursing education program that identifies accommodations that were made for the candidate while in the program.
4. If any of the required information is missing, the Licensing Manager or designated professional staff will provide to the candidate, by postal mail or email, an incomplete letter listing the missing required information.

TIME FRAME

NCLEX Candidates submit the above required documents to the Oklahoma Board of Nursing following submission of your application for licensure. If there is a need for further verification

of the applicant's disability and/or the need for accommodation, it is possible that the decision on granting the accommodation will be delayed and consequently the date when the candidate can take the examination. Once the request is received together with all other required documentation, the Board will process the request and notify the candidate of the decision. If you have any questions, please contact the Licensing Manager at (405) 962-1803 or Darcy.Hammond@nursing.ok.gov.

Oklahoma Board of Nursing
2915 N. Classen Boulevard, Suite 524
Oklahoma City, OK 73106
(405) 962-1800

REQUEST FOR REASONABLE ACCOMMODATIONS FOR NCLEX

I have submitted an application to write the National Council Licensure Examination. I would like to request the following reasonable accommodations for testing. I have enclosed the required documentation.

Candidate Name _____

Address _____

Examination Applied for RN _____ PN _____

Approximate Test Date Preferred by the Candidate _____

Test Center Preferred by the Candidate _____

Reasonable Accommodation Requested (Please check one or more of the following)

- _____ Extra Time – 2 hours.
- _____ Extra Time – 3 hours.
- _____ Extra Time - Double Time Over Two Days.
- _____ Extra Time – Other. Please indicate the time requested:

- _____ Separate Room
- _____ Separate Room and Reader
- _____ Separate Room and Recorder
- _____ Separate Room and Sign Language Interpreter
- _____ Adjustable Contrast on Monitor
- _____ Adjustable Font Size on Monitor
- _____ Aid
Please specify request _____
Candidates are expected to provide their own testing aids as listed above.
- _____ Equipment
Please specify request _____
Candidates are expected to provide their own equipment as listed above.
- _____ Other _____

I have enclosed the following required documentation:

- _____ Letter of diagnosis and supporting documentation from appropriate medical professional.
- _____ Letter from nursing education program indicating what reasonable accommodations, if any, were granted by that program. If no accommodations granted, check here for not applicable. _____

Signature _____ Date _____

Please mail request and other required documentation to:
Oklahoma Board of Nursing, 2915 N. Classen, Suite 524, Oklahoma City, OK 73106. **ATTN: DARCY HAMMOND**