



The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Public Health
Bureau of Health Professions Licensure
Board of Registration in Nursing
239 Causeway Street, Suite 500, Boston, MA 02114

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<http://www.mass.gov/dph/boards/rn>

**National Council Licensure Examination (NCLEX®)
ACCOMMODATION REQUEST FORM**

To request NCLEX accommodations, qualified licensure by examination applicants with a disability (as defined by the Americans with Disabilities Act [42 U.S.C. § 12101]) must complete the following NCLEX ACCOMMODATION REQUEST FORM.

Accommodations Request Submission Requirements:

1. Please be sure to complete all sections and provide required documentation. When information is missing or the required documentation is not provided delays may occur. An email will be sent from PCS identifying the missing information/documents.
2. ***This form and the required supporting documentation must be uploaded with your Application for Licensure by Exam.***
3. ***Please be sure to indicate the accommodation request on the Application for Licensure by Exam.***
4. The accommodation request must be approved before scheduling an NCLEX appointment.
5. You will receive written confirmation of your approved accommodations by email.
6. Repeat candidates must submit only section A of this form with each application for reexamination. Any modifications to the original request require submission of a new accommodation request and supporting documentation.
7. Section B must be completed by a practitioner authorized to diagnose the condition that establishes the basis for the accommodation request.
8. A copy of the most recent evaluation related to the diagnosis and applicable testing results must accompany the accommodation form for the request to be considered complete.
9. Section C must be completed by the Nursing Education Program.

Please note:

- testing centers do not give the NCLEX as a paper and pencil test;
- items that are categorized as comfort aids do not require pre-approval, please see appendix A for a full list;
- psychiatric/mental health disorders, including anxiety/panic disorder and hyperactive disorder, must cite specific Diagnostic and Statistical Manual (DSM) recognized diagnoses;
- English as a second language is not recognized for protection under the ADA; and
- an Individualized Education Plan (IEP) is **not** sufficient documentation.

Section A – To Be Completed by the Candidate

Applicant Type: First time tester
(Check one) Repeat tester Date of most recent test: _____

Applicant Name: _____

Address: _____
No. Street City/Town State Zip Code

Email: _____ Telephone: _____

Diagnosis: _____

Nursing Education Program: _____

Program Type (check one):

- Practical Nurse (PN) Associate Degree RN
- Hospital based Diploma RN Baccalaureate Degree RN
- Entry-level Masters Degree RN

Date of graduation: _____ Anticipated NCLEX test date: _____

Accommodations and Exceptions (please check):

- Access to Nursing Mother Space
Nursing Mother access to necessary medical equipment to pump. Candidate will use the designated space.
- Accommodation Place Holder
Placeholder while accommodation request is reviewed.
- Adjustable contrast
Toggle option within the exam will be available to change the colors of the text and/or background at any time.
- Adjustable font size
Toggle option within the exam will be available to enlarge the screen at any time.
- Equipment Specify: _____
Equipment is permitted into the testing room.
- Extra time - 1 hour
1 hour of additional time
- Extra time - 2 hours
2 hours of additional time
- Extra time - 3 hours
3 hours of additional time
- Extra time - 30 Minutes
30 minutes of additional time
- Extra time – 50 Percent Exam Time
Receives an additional 50% of original time.
- Extra time – Double Time 2 Days
An additional 100% of original time to complete exam over a two-day period.
- Extra time – Other Specify: _____
Predetermined amount of additional time will be received.
- Other Specify: _____
A non-standard accommodation has been approved. Please reference case for further information.

- Screen Magnifier
A device to magnify the computer screen is permitted in the testing room.
- Separate Room
Exam must be delivered in a separate room.
- Separate Room & Reader
A Reader will be present to read directions and test questions. The Reader may not answer or explain any content-related questions. Exam must be delivered in a separate room.
- Separate Room & Recorder
A Recorder will be present to input answers as dictated by the candidate. Exam must be delivered in a separate room.
- Separate Room & Sign Language Interpreter
A Sign Language Interpreter will be present to facilitate communication with the test center staff and to sign test questions. The Interpreter may not answer or explain any content-related questions. Exam must be delivered in a separate room.
- Zoom Text (Screen Mag Only)
A software application that allows for magnification greater than 200% and the ability to change color. The Software is activated upon launching the exam.

Certification:

I certify that the above information is true and accurate. I understand that in order to grant testing accommodations, the Board must submit documentation to the National Council of State Boards of Nursing (NCSBN) and Pearson Vue. Your signature indicates your permission for the Board to share information about your disability with NCSBN and the testing service.

Applicant Signature

Date

This form and all required documents should be uploaded with your Application for Licensure by Exam.

Section B – To be completed by a qualified diagnostician with expertise in the area of your disability.

Applicant Name: _____

Professionally recognized diagnosis: _____

Accommodations and Exceptions (please check):

- Access to Nursing Mother Space**
Nursing Mother access to necessary medical equipment to pump. Candidate will use the designated space.
- Accommodation Place Holder**
Placeholder while accommodation request is reviewed.
- Adjustable contrast**
Toggle option within the exam will be available to change the colors of the text and/or background at any time.
- Adjustable font size**
Toggle option within the exam will be available to enlarge the screen at any time.
- Equipment** Specify: _____
Equipment is permitted into the testing room.
- Extra time - 1 hour**
1 hour of additional time
- Extra time - 2 hours**
2 hours of additional time
- Extra time - 3 hours**
3 hours of additional time
- Extra time - 30 Minutes**
30 minutes of additional time
- Extra time – 50 Percent Exam Time**
Receives an additional 50% of original time.
- Extra time – Double Time 2 Days**
An additional 100% of original time to complete exam over a two-day period.
- Extra time – Other** Specify: _____
Predetermined amount of additional time will be received.
- Other** Specify: _____
A non-standard accommodation has been approved. Please reference case for further information.
- Screen Magnifier**
A device to magnify the computer screen is permitted in the testing room.
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- Zoom Text (Screen Mag Only)**
A software application that allows for magnification greater than 200% and the ability to change color. The Software is activated upon launching the exam.

Name

Title

Signature

Date

Applicants requesting accommodations for the first time are required to submit a report completed by a qualified diagnostician with expertise in the area of disability *attached to this form*:

Report must include the information outlined, submitted on letterhead and include the diagnostician's name, title, and professional credentials. It must be typed, dated, and signed by the diagnostician. Incomplete reports may delay accommodations decision:

- Brief history and description the disability including the functional limitations which prevent the candidate from writing the exam in the customary manner and/or environment.
- Description of applicant's current level of functioning, current relevant treatment, and rationale for specific accommodations request.
- RE: psychiatric/mental health disorders, including anxiety/panic disorder and hyperactive disorder; diagnostician must cite specific Diagnostic and Statistical Manual (DSM) recognized diagnosis.
- Specific evidence to validate diagnosis, as demonstrated by medical evaluation or comprehensive assessment battery, including:
 - a) diagnostic interview addressing history of disability, any past accommodation granted and a description of its impact on the individual's functioning;
 - b) specific standardized and professionally recognized tests/assessments administered, including assessment of aptitude, academic achievement, and information processing (e.g., Woodcock-Johnson, Weschler Adult Intelligence Scale), if applicable; and
 - c) standard test scores and/or percentiles and interpretations and evaluations

Section C – To Be Completed by Nursing Education Program (Not student services)

Applicant Name: _____

A description of the accommodations granted to the candidate in the classroom or during testing while in the nursing program:

A description of the accommodations granted to the candidate in the clinical setting while in the nursing program:

Name Title

Nursing Program

Signature Date

Appendix A**PEARSON VUE COMFORT AID LIST**

The items below are comfort aids and do not require pre-approval. They will be allowed in the testing room upon visual inspection by the Test Center staff. Visual inspection will be done by examining the item without directly touching it (or the candidate) and without asking the candidate to remove the item, unless otherwise stated below.

Medicine & Medical Devices
Auto-injectors, such as EpiPen
Bandages
Braces- Neck, Back, Wrist, Leg or Ankle Braces
Casts - including slings for broken/sprained arms and other injury-related items that cannot be removed.
Cough Drops - must be unwrapped and not in a bottle/container.
Eye Drops
Eye Patches
Eyeglasses (without the case), including tinted lenses – must be removed for visual inspection
Glucose Tablets (does not include hard candy) - must be unwrapped and not in a bottle/container.
Handheld (non-electronic) magnifying glass (without the case)
Hearing aids/Cochlear implant
Inhaler
Medical Alert Bracelet
Medical device: Must be attached to a person's body, must be inaudible, and must not include a remote-control device. Examples include but are not limited to: -Insulin pump -Continuous glucose monitor -Note: If the insulin pump or continuous glucose monitor includes an accompanying remote-control device, the remote-control device may not be taken into the testing room. If there is a need to take the remote-control device into the testing room, Candidates must apply and be approved for an accommodation to do so. -TENS Unit -Spinal Cord Stimulator
Medical/Surgical face mask
Nasal drops/spray
Oxygen Tank
Pillow/Cushion
Pills - i.e., Tylenol or aspirin must be unwrapped and not in a bottle/container. Candidates may bring pills that are still in the packaging if the packaging states they MUST remain in the packaging, such as nitro glycerin pills that cannot be exposed to air. Packaging must be properly inspected.

Mobility Devices:		
• Canes	• Motorized Scooters/Chairs	• Wheelchairs
• Crutches	• Walkers	

Other approved items (must be provided by Testing Center):
Tissues/Kleenex
Earplugs and Noise Reducing Headphones (only considered a comfort aid in Pearson Professional Centers, for other testing channels an accommodation approval will be required)