

Instructions for Requesting Reasonable Accommodations for NCLEX

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 upload to their Nurse Portal account the following documentation to support the request:

1. A completed "Request for Accommodations for NCLEX" form.
2. A letter of diagnosis 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.

If any of the required information is missing, the Licensing Manager or designated professional staff will provide to the candidate, through the Message Center of the Nurse Portal account a message listing the missing required information.

Time Frame

NCLEX Candidates upload the above required documents to the Oklahoma Board of Nursing via the Message Center of the Nurse Portal account following submission of 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 by sending a message in the Message Center.



**REQUESTING REASONABLE
ACCOMMODATIONS FOR NCLEX**

Oklahoma Board of Nursing
2501 N Lincoln Blvd., Ste 207
Oklahoma City, OK 73105
(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 attached the required documentation.

Candidate Name _____

Address _____

Examination Applied for: RN _____ PN _____

Reasonable Accommodation(s) 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 attached 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 were granted, check here for not applicable: ____

Signature _____ Date _____

Please upload this request and other required documentation to the Message Center of your Nurse Portal account.