

Dear NCLEX-RN Applicant:

**Request for Testing Accommodations to write the  
National Council Licensure Exam for Registered Nurse (NCLEX-RN)**

In response to your request for testing accommodations to write the *NCLEX-RN*, please find attached the necessary forms and information.

In order to have your request assessed, we require the following:

- Complete the attached *Testing Accommodations Candidate Application Form* and return it to our office by uploading via your online account, select *Additional Requirement* from the drop down menu.
- Forward the *Documentation of Disability Related Needs Form* to a qualified health professional who has known you for a period of time and has been involved in the treatment of your disability, e.g., physician, psychologist, etc., that approved/recognized/diagnosed your need for testing accommodation. We require that they complete this form and return it to our office. They may scan and email to [exams@srna.org](mailto:exams@srna.org) or mail directly to the SRNA.
- If you were granted testing accommodations during your nursing education program contact the Dean and ask them to send a letter directly to the Registrar of the SRNA, stating the testing accommodations that have been provided to you during your nursing education. The Dean may forward this letter by email to [exams@srna.org](mailto:exams@srna.org) or mail directly to the SRNA.
- The SRNA reserves the right to ask for further clarification.

Do not schedule an appointment with Pearson VUE to take the NCLEX-RN until you have received written confirmation of your accommodations from the SRNA and your *Authorization to Test (ATT)* email from Pearson VUE indicates "Accommodations Granted".

Candidates approved for testing with accommodations must schedule their testing appointment through the NCLEX Accommodations Coordinator by calling Pearson VUE NCLEX Candidate Services at the telephone number listed on their ATT and asking for the

NCLEX Accommodations Coordinator. Candidates with accommodations cannot cancel their accommodations at the time of their appointment.

Candidates approved for testing with accommodations **cannot** schedule their appointments through the NCLEX Candidate website.

If you have questions or concerns, please contact at the SRNA at [exams@srna.org](mailto:exams@srna.org).

Attachments:           Testing Accommodation-Candidate Application  
                              Testing Accommodation-Documentation of Disability

# Testing Accommodations Candidate Application Form



Saskatchewan Registered  
Nurses' Association  
2066 Retallack Street  
Regina, Saskatchewan  
S4T 7X5

*The information requested below and any documentation regarding your disability and need for accommodation to take the registration examination will be treated confidentially. It will not be shared with any outside source without your expressed written permission.*

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Exam: \_\_\_\_\_

Nature of disability: \_\_\_\_\_

Describe why the  
requested  
accommodation(s)  
are necessary. \_\_\_\_\_

## ACCOMMODATION(S) REQUESTED FOR EXAMINATION

(check all that apply)

- |  |   |
|--|---|
| <input type="checkbox"/> Separate Room                                   | <input type="checkbox"/> Recorder (who fills in answers)      |
| <input type="checkbox"/> Extra Time – 2 Hours                            | <input type="checkbox"/> Adjustable Font Size                 |
| <input type="checkbox"/> Extra Time – 3 Hours                            | <input type="checkbox"/> Screen Magnifier                     |
| <input type="checkbox"/> Extra Time – Double Time 2 Days                 | <input type="checkbox"/> Interpreter for the hearing impaired |
| <input type="checkbox"/> Reader  |   |
| <input type="checkbox"/> Additional Time<br>(please specify time needed) | _____   |
| <input type="checkbox"/> Other (please specify):                         | _____   |
| Comments:  | _____   |

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**NOTE:** Requests for testing accommodations must be submitted to the SRNA at least 30 days before the applicant would ideally like to write the exam. Accommodation request are subject to the approval of the SRNA and the National Council of State Boards of Nursing (NCSBN) policy.

# Testing Accommodations

## Disability Related Needs Form



Saskatchewan Registered  
Nurses' Association  
2066 Retallack Street  
Regina, Saskatchewan  
S4T 7X5

If you have a disability that may require an accommodation when writing the NCLEX-RN registration examination, please complete *Section A* of this form and forward it to a qualified health professional<sup>1</sup> who, in *Section B*, must describe the accommodation you need. The health professional is to send the completed form directly to the SRNA.

<b>Section A</b> (completed by candidate)	
Name: _____ Accommodation Requested: _____	
<b>Section B</b> (completed by the qualified health professional)	
I have known this candidate since: _____ in my capacity as a _____ (date) (professional title)	
1. The approximate date when the disability was first diagnosed and/or identified.	_____
2. How was the disability determined?	_____ _____
3. A brief history and description of the disability	_____ _____
4. The nature/type of the accommodation currently being requested. (Select all that apply)	<input type="checkbox"/> Separate room <input type="checkbox"/> Additional time _____ minutes <input type="checkbox"/> Recorder <input type="checkbox"/> Reader <input type="checkbox"/> Interpreter for the hearing impaired <input type="checkbox"/> Adjustable Font Size <input type="checkbox"/> Screen Magnifier <input type="checkbox"/> Other: _____
5. An explanation why the specific accommodation is needed.	_____ _____
I acknowledge that I understand the purpose of the examination and its importance as a public protection mechanism by assessing the applicant's competence to practice at an entry level.	
Name: _____	Signature: _____
Telephone/Email: _____	Date: _____

<sup>1</sup> A qualified health professional is one who has known the candidate for a period of time and has been involved in the treatment of their disability and has the professional qualifications to assess, diagnose, and/or treat the applicant's disability, impairment, condition or disorder (e.g., nurse practitioner, physician, psychologist, etc.).

<sup>2</sup> The NCLEX examination is designed to test knowledge, skills and abilities essential to the safe and effective practice of nursing at an entry level to practice. The NCLEX is not offered in paper-and-pencil or oral examination format, but is a variable length, computerized adaptive test. The examination is taken over an uninterrupted six (6) hour period and is taken in a test room containing a computer in an individual cubical along with an erasable note board and marker.