REQUESTING SPECIAL ACCOMMODATIONS

In compliance with the Americans with Disabilities Act (ADA), the Texas 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®) or the National Council Licensure Examination for Practical Nurses (NCLEX-PN®). Disability is defined in the Americans with Disabilities Act as a “physical or mental impairment that substantially limits one or more of the major life activities of such individual; a record of such an impairment; or being regarded as having such an impairment.” Major life activities means “functions such as caring for one’s self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, working.” (28CFR35.104 - Nondiscrimination on the Basis of Disability in State and Local Government)

DOCUMENTATION REQUIRED

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

1. A completed Special Accommodations Request form.

2. A Professional Documentation of Disability form completed by an appropriate professional within the last three years. Please see Qualifications for Diagnostician. Complete a Consent to Release Information form and together with the Qualifications for Diagnostician form give it to the diagnostician who will be completing the Professional Documentation of Disability. This will enable the Board and the National Council of State Boards of Nursing, Inc. to obtain additional information or clarification from the diagnostician, if necessary, while processing the request.

3. A Nursing Program Verification form completed by the dean or director of the nursing program attended.

TIME FRAME

Applicants for special accommodations are urged to submit their requests and supporting documentation as early in the application process as possible, preferably before submitting the registration to the testing service, to facilitate the review. If there is a need for further verification of the disability from the applicant or the professional verifying the disability and the need for modification, it is possible that the decision on granting the modification will be delayed and consequently the date when the candidate can take the examination.

Once the request is received together with all the required documentation, the Board will process the request and notify the candidate of the decision. If you have any questions, please contact the Board examination staff at 512/305-7400.

The following are testing centers in the state with capabilities for providing special accommodations:

<table>
<thead>
<tr>
<th>City</th>
<th>Address</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abilene</td>
<td>500 Chestnut, Suite 856</td>
<td>915-675-5694</td>
</tr>
<tr>
<td>Amarillo</td>
<td>1616 S. Kentucky, Suite C305</td>
<td>806-463-7465</td>
</tr>
<tr>
<td>Bellaire (Houston)</td>
<td>6800 W. Loop South, Ste 405</td>
<td>713-838-1849</td>
</tr>
<tr>
<td>Houston (SE)</td>
<td>8876 Gulf Freeway Bldg, Ste 220</td>
<td>713-943-2479</td>
</tr>
<tr>
<td>Corpus Christi</td>
<td>Corona S. Building, 4646 Corona Dr., Ste 175</td>
<td>361-814-5872</td>
</tr>
<tr>
<td>Dallas</td>
<td>9101 LBJ Freeway, Ste. 480</td>
<td>214-570-8265</td>
</tr>
<tr>
<td>El Paso</td>
<td>Coventry III Bldg., 4445 N. Mesa Street, Ste. 119</td>
<td>915-651-6733</td>
</tr>
<tr>
<td>Ft. Worth</td>
<td>500 Grapevine Hwy., Ste. 220</td>
<td>817-427-0960</td>
</tr>
<tr>
<td>Lubbock</td>
<td>Wells Fargo Tower, 1500 Broadway, Ste. 1113</td>
<td>806-744-1697</td>
</tr>
<tr>
<td>Midland</td>
<td>Bldg. 4, 3300 N. A Street, Ste. 228</td>
<td>915-685-0033</td>
</tr>
<tr>
<td>San Antonio</td>
<td>10000 San Pedro, Ste. 175</td>
<td>210-340-3628</td>
</tr>
<tr>
<td>Tyler</td>
<td>One American Ctr., 909 E. Southeast Loop 323, Ste. 625</td>
<td>903-561-5038</td>
</tr>
<tr>
<td>Waco</td>
<td>1105 Wooded Acres, Ste. 406</td>
<td>254-751-0483</td>
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For a listing of sites outside of Texas please visit the NCLEX ® Web Site: http://www.vue.com/nclex or contact NCLEX Candidate services directly at 1-866-496-2539 between Monday-Friday, 7 am to 7 pm, U.S. Central Standard Time.
SPECIAL ACCOMMODATIONS REQUEST

Name: ____________________________________________________________
(First) (Middle) (Last)

Address: _________________________________________________________
(Street) (City) (State) (Zip Code)

SSN: ___________________________ Phone #: _______________________

Name and Type of Nursing Program: __________________________________

Expected Date of Graduation: _______________________________________

Test Center Where You Plan to Test: ___________________________________(see attached list)

Approximate Test Date Preferred: ______________________ Exam Type: NCLEX-RN® / NCLEX-PN®
(Circle one)

Describe your type of disability (e.g., physical, mental, or learning) and how this substantially limits one or more of your major life activities:

Explain the nature and extent of your disability (e.g., hearing impairment, visual impairment, dyslexia, etc.) and how it will affect your ability to take the NCLEX-RN®/NCLEX-PN®:

Describe the specific accommodation you are requesting, e.g., extra time, additional break time, separate room if verbalizing or using a reader, or special equipment:

Describe testing accommodations that you have been provided in the past, if any:

SIGNATURE: ______________________________________________________
DATE: _______________________

Return this form to the Texas Board of Nursing at the above address.
This form should be completed by the dean or director of the nursing program attended by the candidate.

Candidate’s Name:__________________________________________________________________________________
(First)                                                                 (Middle)         (Last)

SSN: ____________________________________________    Exam Type:   NCLEX-RN®  /  NCLEX-PN®
(Circle one)

Describe the types of examinations (e.g., multiple choice, essay, oral, etc.) administered and the testing modifications provided the above candidate while attending your program.

Name of Dean/Director: ______________________________________________________________________________

Name of School: ____________________________________________________________________________________

Address: __________________________________________________________________________________________

Telephone No:______________________________________________________________________________________

Signature: _______________________________________________ Date: ____________________________________

Return this form to the Texas Board of Nursing at the above address.
CONSENT TO RELEASE INFORMATION

I authorize ___________________________________________ to release any and all information regarding my disability(ies) to the Texas Board of Nursing or the National Council of State Boards of Nursing, Inc.

I understand that information obtained by this authorization will be used to determine my eligibility for reasonable accommodations in taking the (check the appropriate exam type)

[   ] NCLEX-RN® - National Council Licensure Examination for Registered Nurses ;
[   ] NCLEX-PN® - National Council Licensure Examination for Practical Nurses.

Signature ________________________________________  Date ________________________

SUBMIT COMPLETED FORM TO YOUR DIAGNOSTICIAN AND FORWARD A COPY TO THE BOARD OFFICE.

QUALIFICATIONS FOR DIAGNOSTICIAN

1. For physical or mental disabilities other than learning disabilities - a licensed physician or psychologist with expertise in the area of disability.

2. For learning disabilities

   a). A licensed psychologist or psychiatrist who has experience working with adults with learning disabilities and or another qualified professional with a master’s or doctorate degree in special education, education, psychology, educational psychology, or rehabilitation counseling who has the training and experience in all the areas below:

      1). Assessing intellectual ability level and interpreting tests of such ability
      2). Screening for cultural, emotional, and motivational factors
      3). Assessing achievement level
      4). Administering tests to measure attention and concentration, memory, language reception and expression, cognition, reading, spelling, writing, and mathematics.
Submit this form to the Diagnostician for completion and return to the Board of Nurse Examiners at the above address. The Diagnostician should be a qualified professional with expertise in the area of the diagnosed disability.

Candidate’s Name:_________________________________________________________________________________
(First)                                                                 (Middle)         (Last)

SSN: ________________________________________________    Exam Type:   NCLEX-RN®  /  NCLEX-PN®
(Circle one)

The examination for which this candidate is requesting special accommodations consists of objective multiple choice questions which are administered by computer in an adaptive format. However, the candidate is not expected to know how to use a computer as only two keys - the space bar and the ENTER key - are used to highlight and record the answer. The number of questions may vary from a minimum of 75 to a maximum of 265. Standard testing time is a maximum of 5 hours in one day. There will be a mandatory 10-minute break at the end of two hours of testing and an optional 10-minute break at the end of 3 ½ hours of testing. The computer selects questions based on responses to previous questions. Thus, depending on candidates’ patterns of correct and incorrect responses, different candidates will take varying numbers of questions and use varying amounts of times.

1. Describe the specific diagnosis of the disability (e.g., physical, mental, learning). Include DSM-IV code, if applicable.

2. Describe the nature, history, and extent of the disability, how it limits one or more of the candidate’s major life activities, and if the disability will change in any way over time. In case of a learning disability, include specifics as to the type of disability (e.g., visual or auditory reception or perception, processing, memory, comprehension, verbal or written expression, etc.).

3. When was the disability first diagnosed? Describe the tests used to diagnose the disability, findings, and interpretation of test results obtained. Attach extra sheets as needed. When was the last evaluation done?
4. Given the format of the examination, what is the effect of the disability on the candidate’s ability to perform under these testing conditions? What are your specific recommendations for accommodations for this candidate? Please include a detailed explanation of why these modifications are required.

5. Please describe your credentials, education, and experience which qualify you to make this diagnosis and recommendations for testing. Please refer to attached Qualifications for Diagnostician.

I certify that I have the necessary specialized training to make the above diagnosis, that I personally examined the candidate named above, and that the diagnosis and assessment of modification requested are based on my professional judgment. I understand that the Board of Nurse Examiners may contact me to obtain additional information or obtain an independent assessment by a second professional.

______________________________________ __________________________________________
Signature Date

______________________________________ __________________________________________
Name of Professional Street Address

______________________________________ __________________________________________
Title City, State, Zip Code

______________________________________
Phone Number

______________________________________ __________________________________________
Type of Professional License or Certification and No. Expiration Date