



# Board of Nursing – State of Idaho

## REQUEST FOR NCLEX TESTING ACCOMMODATIONS

### Applicant Information

Name

NCSBN Candidate Number

Mailing Address

Phone Number

City

State

Zip

e-mail address

### Accommodations History

Have you previously taken the NCLEX with accommodations?  
What accommodations were provided?

Yes No

(If yes)

Date: \_\_\_\_\_

What accommodations or modifications were provided by your nursing program?

Educational Institution Name

Program Name

Program Director

Location/Site of Program

I attest all information included on this form is true and correct.

Applicant Signature

Date

### IMPORTANT

- Please submit the completed request to the Board of Nursing at the address below.
- The two letters described below should be sent to the Board of Nursing directly from the medical/educational professional.

1. Letter of diagnosis from the appropriate medical professional that includes:
  - a. A professionally recognized diagnosis of a physical or mental impairment that substantially limits one or more major live activities and is subject to the protection of the Americans with Disabilities Act (ADA).
  - b. History of the disability and the impact of past accommodations on the applicant’s functioning
  - c. Recommendations for testing accommodations with a stated rationale as to why the requested accommodation is necessary and appropriate for the diagnosed disability.
2. Letter from the nursing education program that includes:
  - a. The modifications, if any, that were granted by the program and the impact of the accommodations on the applicant’s functioning.
  - b. Recommendations for testing accommodations with a stated rationale as to why the requested accommodation is necessary and appropriate for the diagnosed disability.

**PLEASE CALL 208-577-2476 TO REQUEST THIS FORM IN A LARGER FONT.**

PO Box 83720 Boise ID 83720-0061 ♦ 280 N 85<sup>th</sup> St Suite 210 Boise ID 83702  
Phone: 208-334-3110 ♦ Fax: 208-334-3262 ♦ Email: info@ibn.idaho.gov