



# IDAHO

## DIVISION OF OCCUPATIONAL & PROFESSIONAL LICENSES

### - BOARD OF NURSING -



BRAD LITTLE - GOVERNOR  
RUSSELL S. BARRON - ADMINISTRATOR

PO Box 83720  
BOISE, ID 83720-0061  
PHONE: (208) 577-2476

### REQUEST FOR NCLEX TESTING ACCOMMODATIONS

#### Applicant Information

<i>Name</i>	<i>NCSBN Candidate Number</i>
<i>Mailing Address</i>	<i>Phone Number</i>
<i>City</i> <i>State</i> <i>Zip</i>	<i>e-mail address</i>

#### Accommodations History

Have you previously taken the NCLEX with accommodations? What accommodations were provided?      Yes      No      (If yes) Date: \_\_\_\_\_

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What accommodations or modifications were provided by your nursing program?

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<i>Educational Institution Name</i>	<i>Program Name</i>
<i>Program Director</i>	<i>Location/Site of Program</i>

I attest all information included on this form is true and correct.	<i>Applicant Signature</i>	<i>Date</i>
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#### 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.**  
 Email: [ibn@dopl.idaho.gov](mailto:ibn@dopl.idaho.gov)  
 OFFICE LOCATED AT:  
 11351 W CHINDEN BLVD  
 BOISE, ID 83714