



**IDAHO  
DIVISION OF OCCUPATIONAL  
& PROFESSIONAL LICENSES  
- BOARD OF NURSING -**



BRAD LITTLE - GOVERNOR  
RUSSELL S. BARRON - ADMINISTRATOR  
JUDY TAYLOR - BOARD CHAIR

PO Box 83720  
BOISE, ID 83720-0061  
PHONE: (208)577-2476  
FAX: (208)577-2490

**REQUEST FOR NCLEX TESTING ACCOMMODATIONS**

**Applicant Information**

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

**Accommodations History**

|   |     |    |                         |
|---|-----|----|-------------------------|
| Have you previously taken the NCLEX with accommodations? What accommodations were provided? | Yes | No | (If yes)<br>Date: _____ |
|   |     |    |                         |
|   |     |    |                         |

What accommodations or modifications were provided by your nursing program?

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

|   |                                  |
|---|----------------------------------|
| I attest all information included on this form is true and correct. | <hr/> <i>Applicant Signature</i> |
|   | <hr/> <i>Date</i>                |

**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-Info@dopl.idaho.gov

OFFICE LOCATED AT:  
11351 W CHINDEN BLVD  
BOISE, ID 83714