TEXAS BOARD OF NURSING
333 Guadalupe #3-460
Austin, Texas 78701-3944

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 the **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 should request testing accommodations at the time of applying for licensure. 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, as well as all other required documentation, the Board will process the request and notify the candidate of the decision. If approved, the special accommodations will be added to the Pearson Vue Registration profile for the applicant. Therefore it is important to register with and pay Pearson Vue. 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:

Abilene	500 Chestnut, Suite 856
Amarillo	1616 S. Kentucky, Suite C305
Austin (South)	1701 Directors Blvd., Suite 565
Bellaire (Houston)	6800 W. Loop South, Prosperity Bank Building Suite 405
Corpus Christi	4646 Corona Dr., Corona South Building, Suite 175
Dallas	12801 North Central Expressway, Suite 820
El Paso	4110 Rio Bravo Drive, Suite 222
Houston (SE)	8876 Gulf Freeway, Suite 220
Houston (North)	14425 Torrey Chase, Suite 240
Hurst (Ft. Worth)	500 Grapevine Hwy., Suite 401
Lubbock	1500 Broadway Street, Wells Fargo Center, Suite 1113
Midland	3300 North A Street, Building 4-228
San Antonio (NW)	6100 Bandera Rd., Suite 407
San Antonio	10000 San Pedro, Suite 175
Tyler	909 East Southeast Loop 323, Suite 625
Waco	1105 Wooded Acres, Suite 406

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.

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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.

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NURSING PROGRAM VERIFICATION

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.

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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.

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PROFESSIONAL DOCUMENTATION OF DISABILITY

Submit this form to the Diagnostician for completion and return to the Texas Board of Nursing 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?

Candidate's Name:_____

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 Texas Board of Nursing 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/Certification and No. Expiration Date of License