



MISSISSIPPI BOARD OF NURSING
713 Pear Orchard Road, Suite 300
Ridgeland, MS 39157
TELEPHONE: (601) 957-6300

SPECIAL ACCOMMODATION REQUEST FOR NCLEX® TESTING

It is the policy of the Mississippi Board of Nursing to comply with the requirements of the Americans with Disabilities Act (ADA). Modifications for testing are made on an individual basis and maybe granted based on modifications which are given by nursing programs. Documentation of a professionally recognized diagnosis **must** be supplied. Documentation must include **all** of the following:

1. A history of the disability and any past accommodation granted and a description of its impact of the individual's functioning;
2. Identification of the specific standardized and professionally recognized test/assessments given (e.g., Woodcock-Johnson, Weschler Adult Intelligence Scale) [within two (2) years];
3. The scores resulting from testing, interpretation of the scores and evaluations; **and**
4. Recommendations for test accommodations with stated rationale as to why the requested accommodation is necessary and appropriate for the diagnosed disability.

This documentation must be included with the application for licensure by examination with the completed request form for the accommodation as needed.

GENERAL INFORMATION

Testing accommodations for candidates with disabilities will be made only with the authorization of the Board of Nursing. To facilitate review of the request, an applicant should submit the request form and required documentation at the onset of the applications process and prior to registration for the NCLEX®. A decision regarding special accommodation request may be delayed if additional documentation is needed for verification and subsequently testing may be delayed.

The Mississippi Board of Nursing must receive all of the required documents, including the licensure by examination application, special accommodations request form, professional documentation of disability form before submitting a request for special accommodation. Registration with Pearson Vue should be done at the applicant's discretion. Registration with Pearson Vue is necessary for the Board to make the applicant eligible to test and to submit a special accommodation request. Although Pearson Vue registration may be completed, **DO NOT schedule an appointment to take the NCLEX® until you have submitted the required documentation to the Board.** During the scheduling of an appointment to take the NCLEX® you will be able to view if special accommodation request have been granted or not.

For additional information refer to the NCLEX Examination Candidate Bulletin at www.ncsbn.org.

INSTRUCTIONS

1. The Special Accommodation Request for NCLEX® Candidates form, Section 1 is to be completed by the applicant; Section 2 is to be completed by the dean, director, or disability coordinator for the nursing program.
2. The Professional Documentation of Disability form is to be completed by a qualified diagnostician with expertise in the area of the applicant's diagnosed condition to support the request.
3. Type of print in black ink. Print form to sign, date, and to enter other required information.
4. Submit Special Accommodation Request for NCLEX® Candidates form, Professional Documentation of Disability form, Licensure by Examination application, and other documents as requested simultaneously to:

Attn: Examination
Mississippi Board of Nursing
713 Pear Orchard Road, Suite 300
Ridgeland, MS 39157



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SPECIAL ACCOMMODATION REQUEST FOR NCLEX® CANDIDATES

Any statement made on this application which is false and known to be false by the applicant at the time of making such statement shall be deemed fraudulent and will subject the applicant or verifying licensee to disciplinary proceedings.

Instructions: Complete form and submit it with the Licensure by Examination application to the above address, Attention: Examination.

I am applying for (select one):

mm/dd/yyyy

NAME: FIRST MIDDLE MAIDEN LAST DATE:

SOCIAL SECURITY NUMBER: DATE OF BIRTH: mm/dd/yy

ADDRESS: BOX/STREET CITY STATE ZIP CODE COUNTY

PHONE: (Home #) (Alternate #) EMAIL:

Nursing School Name: Location:

Date Program Completed: Degree Earned:

SECTION 1: APPLICANT REQUEST - To be completed by applicant.

Diagnosis:

Explain the nature and extent of your disability and how it will affect your ability to take the NCLEX:

Indicate the specific accommodations that you are requesting for consideration:

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

Signature of Applicant: Date:

SECTION 2: NURSING PROGRAM VERIFICATION - To be completed by the dean/director of the nursing program attended or disability coordinator.

Indicate diagnosis and accommodations that were provide while the applicant attended the nursing program:

Describe the types of testing modifications provided while enrolled in the nursing program:

Name of Dean/Director or Disability Coordinator:

Nursing School Name:

Nursing School Address:

BOX/STREET CITY STATE ZIP CODE

PHONE: EMAIL:

Nursing Program Dean/Director or Disability Coordinator Signature: Date:



OB-ED04



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PROFESSIONAL DOCUMENTATION OF DISABILITY

Instructions: This form should be completed by a qualified diagnostician (i.e., Physician, Advanced Practice Registered Nurse, Psychologist, Psychiatrist). Submit the completed form to the address above with the Licensure by Examination application, Attention: Examination.

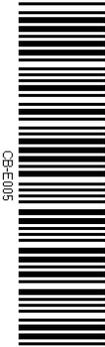
APPLICANT

NAME: FIRST MIDDLE MAIDEN LAST
SOCIAL SECURITY NUMBER: DATE OF BIRTH:

TO BE COMPLETED BY THE PROFESSIONAL EVALUATOR

The applicant indicated above has requested special accommodations for the National Council Licensure Examination (NCLEX®). Documentation of the disability is required to support the necessity of the request. Provide documentation of a professionally recognized diagnosis by completing the form below. Attach additional documentation as needed.

- 1. Describe the applicant's specific disability diagnosis (i.e., mental, learning, physical):
2. Date of initial diagnosis:
3. Diagnostic and Statistical Manual of Mental Disorders (DSM) CODE:
4. Indicate the specific standardized and professionally recognized test/assessment given (e.g., Woodcock-Johnson, Weschler Adult Intelligence Scale):
5. Date of assessment identified above:
6. Identify scores resulting from testing, interpretation of the scores and evaluations:
7. Indicate recommendations for testing accommodations with stated rationale as to the necessity and appropriateness for the diagnosed disability:



NAME OF PROFESSIONAL: FIRST MIDDLE LAST TITLE:
Type of Professional License: PHONE:
Signature of Professional: DATE: