



State of New Hampshire
OFFICE OF PROFESSIONAL LICENSURE AND CERTIFICATION
DIVISION OF HEALTH PROFESSIONS

Board of Nursing

7 Eagle Square Concord NH 03301
Telephone 603-271-2323 · Fax 603-271-2856



**Request for Nursing Assistant Competency Testing Accommodations
Under the Americans with Disabilities Act**

Please print

Last Name: _____ First Name: _____

Other Names Used: _____

Address: _____

Home Phone: _____ Email Address: _____

Please submit this form, completed, along with the following information:

1. _____ A personal statement indicating the specific modifications / accommodations being requested and the rationale for the request.
2. _____ Documentation from the nursing assistant program coordinator supporting the request for accommodation. This must include a history of the disability and any past accommodation granted the candidate during the clinical and theoretical portions of the nursing assistant program and a description of its impact on the individual functioning.
3. _____ Results of appropriate diagnostic testing by a qualified professional with expertise in the area(s) of the diagnosed disability including identification of the specific standardized and professionally recognized test/assessment given (e.g. Woodcock-Johnson, Weschler Adult Intelligence Scale). A professionally recognized diagnosis must be included in the documentation.
4. _____ Interpretation of the scores resulting from the diagnostic testing by a qualified professional with recommendations for testing accommodations with a stated rationale as to why the requested accommodation is necessary and appropriate for the diagnosed disability.

Following receipt of the materials indicated above, the ADA Committee of the Board will review the information submitted and make a determination regarding the request for accommodations. You will be notified of the Committee's decision and the decision will be submitted to the Nursing Assistant Competency Testing Company.

For office use only:

_____ Accommodations Approved _____ Accommodations Not Approved

Additional Information Needed: _____

Signature: _____ Date: _____