



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

Board of Nursing

121 South Fruit Street, Suite 102 Concord, N.H. 03301-2412
Telephone 603-271-2323 · Fax 603-271-6605



Request for NCLEX Accommodations under the Americans with Disabilities Act

Last Name	First Name	Other Names Used
Address		
Home Phone	email	
Select One: _____ Accommodations requested for LPN NCLEX _____ Accommodations requested for RN NCLEX		

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

	A personal statement indicating the specific modifications/accommodations being requested and the rationale for the request.
	Documentation from the college/institution supporting the request for accommodation. This must include a history of the disability and any past accommodation granted the candidate and a description of its impact on the individual's functioning.
	Results of appropriate diagnostic testing by a qualified professional with expertise in the area(s) of the diagnosed disability including identification of the specified standardized and professionally recognized test/assessment given (e.g. Woodcock-Johnson, Wechsler Adult Intelligence Scale). A professionally recognized diagnosis must be included in the documentation.
	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 material 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 National Council of State Boards of Nursing for verification and authorization.

SIGNATURE _____ DATE _____

For office use only: _____ Accommodations Approved _____ Accommodations Not Approved Additional Information Needed: _____ _____ Signature: _____ Date: _____

2/28/18