

Professional Licensing Agency
402 West Washington Street
Room W072
Indianapolis, Indiana 46204



Eric J. Holcomb
Governor of Indiana
Lindsay M. Hyer
IPLA Executive Director

NCLEX TESTING ACCOMMODATIONS – FORM C

Instructions: the applicant should complete this form to request for any special accommodation for NCLEX Exam. The applicant may provide the required information in their own signed letter.

In order to grant testing accommodations, the Board must submit documentation to the National Council of State Boards of Nursing (NCSBN). The information requested below and any documentation regarding your disability will be considered strictly confidential and will only be shared with NCSBN and the testing service who will administer your examination. Please sign your name at the bottom of this form to indicate your permission for the Board to share information about your disability with NCSBN and the testing service.

Applicant Name: _____ Date of Birth: _____
(Last, First Middle) (MM/DD/YYYY)

Address: _____

Phone No.: _____ E-mail Address: _____

NOTE: It will be necessary for testing staff to speak and correspond with you regarding specific arrangements, therefore, it is important that you provide a current address, daytime telephone number, and current email-address.

- 1. Describe your type of disability (e.g., physical, mental, learning) and how this disability limits a major life activity that makes achievement difficult, requires special education or services, or affects social activities or interactions.**

- 2. 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.**

- 3. Describe testing accommodations that you have been provided in the past, if any:**

Applicant Name: _____ Date of Birth: _____

4. Identify the specific accommodations you request by checking the box(s) below.

- Access to Nursing Mother Space
Nursing Mother access to necessary medical equipment to pump. Candidate will use the designated space to pump.
- Aid
Candidate is permitted to bring a particular aid to the testing center and use it during the exam. The candidate provides the aid.
Type of Aid: _____
- Equipment
The candidate is permitted to use specific equipment during the exam. The testing center provides the equipment.
Type of Equipment: _____
- Extra Time - 2 Hours
The Candidate is given two additional hours to complete the exam. The candidate will be given a total of 7 hrs to complete the exam over 1 day. Scheduled, optional breaks will be offered after 2hrs, 4hrs, and 6hrs of exam time.
- Extra Time - 3 Hours
The candidate is given an additional 3 hours to complete the exam. The candidate will be given a total of 8hrs to complete the exam over 1 day. Scheduled, optional breaks will be offered after 2hrs, 4hrs, and 6hrs of exam time.
- Extra Time - Double Time 2 Days
The candidate is given double the exam time to complete the exam over two days. The candidate is allotted 10hrs over 2 days, 5hrs of exam time on each day. Scheduled, optional breaks will be offered after 2hrs and 3.5 hours of exam time each day.
- Extra Time - Other
The candidate is given a custom amount of extra testing time. The administrator must manually extend the exam time to reflect the additional time that the candidate has been approved for. No more than 8 hours of testing time is allowed per day.
Specify amount of extra time: _____
- Other
A non-standard accommodation is requested.
Specify Non-standard accommodation: _____ (attach additional letter as needed).
- Personal Item
Personal item is permitted into the testing room.
List of personal item(s): _____
- Screen Magnifier
A device to magnify the computer screen is permitted in the testing room.
- Separate Room
The exam must be delivered in a private room.
- Separate Room & Reader
A Reader will be present to read directions and test questions. The Reader may not answer or explain any content-related questions. The exam must be delivered in a private room.
- Separate Room & Recorder
A Recorder will be present to input answers as dictated by the candidate. The exam must be delivered in a private room.
- Separate Room & Sign Lang Interp
A sign language interpreter will be present to facilitate communication with test center staff and to sign test questions. The interpreter may not answer or explain any content-related questions. The exam must be delivered in a private room.
- ZoomText (Screen Mag Only)
A software application that allow for magnification greater than 200% and ability to change color of screen/text. Software is activated upon launching the exam.

Applicant's Signature: _____ Date: _____

NOTE: Your signature is necessary to allow the Board permission to share pertinent information related to your disability with the NCSBN to verify the availability of the accommodation(s) and to the testing service to provide the accommodation(s). All documentation will be considered strictly confidential.