



## Iowa Board of Nursing

6200 Park Ave, Suite 100

Des Moines, IA 50321

Phone: 515.281.3255 Fax: 515.725.1107

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### NCLEX TESTING ACCOMMODATIONS REQUEST INSTRUCTIONS

An applicant with a disability that requires NCLEX testing accommodations may submit an accommodations request to the Board of Nursing. See 481 Iowa Admin. Code 617.5(3). To submit a request for testing accommodations, applicants must submit three documents:

1. Form A – This form must be completed by the applicant's healthcare provider. Must provide Title and Code Number of disability diagnosis listed.
2. Form B – This form must be completed by the applicant's nursing education program if testing accommodations were provided during nursing school. If no testing accommodations were provided during nursing school, the applicant must so indicate by signing the bottom of Form B.
3. Personal Statement – The applicant must provide a written personal statement explaining the nature of the disability and the specific accommodation(s) requested.

Forms for all three required documents are provided in this packet. The applicant, healthcare provider, and nursing program representative may also each provide their required information in signed letters.

The Board cannot process your accommodations request until it receives all required information including **IBON Online Application & PearsonVue Registration**. Please allow adequate time to obtain all relevant documents and for processing by Board. Upon receipt of all necessary documents, Board staff may contact you with questions or request you provide additional documentation to support your request. **Do not schedule your test until you receive a finalized approval or denial.**

Applicants may submit the documents via email ([ibon@iowa.gov](mailto:ibon@iowa.gov)); mail the documents to the Iowa Board of Nursing, 6200 Park Ave, Suite 100, Des Moines, IA 50321; or deliver them in-person to the office.

If you have questions about requesting testing accommodations or how to submit the necessary documentation, please call the Board at 515.281.3255 or email Board staff at [ibon@iowa.gov](mailto:ibon@iowa.gov).



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### NCLEX TESTING ACCOMMODATIONS – FORM A

**Please note:** This form must be completed by a qualified healthcare provider with expertise in the area of the diagnosed disability or interpretation of results. The provider may complete this form or provide the required information in a signed letter.

**1. Medical Provider Completing the Form:**

Name (printed): \_\_\_\_\_

Facility or Entity: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

**2. Patient Name:** \_\_\_\_\_

**3. Disability Diagnosis with Title and Code Number:** \_\_\_\_\_

**4. History of Disability:**

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**5. Specific Testing Accommodation(s) Requested:**

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**6. Reason(s) Accommodation(s) Is/Are Necessary:**

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Provider's Signature

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Date



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### NCLEX TESTING ACCOMMODATIONS – FORM B

**Please note:** This form must be completed by an authorized representative of the applicant's nursing education program. The program representative may complete this form or provide the required information in a signed letter. If no testing accommodations were provided to the applicant during nursing school, the applicant must so indicate by signing the bottom of the form.

#### 1. Nursing Education Program Representative Completing the Form:

Name (printed): \_\_\_\_\_

School: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

#### 2. Student Name: \_\_\_\_\_

#### 3. Disability: \_\_\_\_\_

#### 4. Testing Accommodations Provided by Education Program:

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#### 5. Impact of Past Accommodations on Student's Ability to Meet Program Objectives, If Any:

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Nursing Program Representative Signature \_\_\_\_\_

Date \_\_\_\_\_

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If no testing accommodations were provided by the nursing education program, applicant shall sign below:

Applicant Signature \_\_\_\_\_

Date \_\_\_\_\_



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## NCLEX TESTING ACCOMMODATIONS – PERSONAL STATEMENT

**Please note:** This personal statement must identify the nature of your disability and the specific testing accommodation(s) you are requesting. If you are requesting additional testing time, please specify the amount of time needed. Please explain why the accommodations are necessary. If you are requesting testing accommodations for the NCLEX but did not receive any testing accommodations during your nursing education program, please explain why you are seeking accommodations for the NCLEX. You may write your answer below or may submit a signed letter containing the necessary information.

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Applicant Signature

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Date