



Iowa Board of Nursing

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3RQH Fax:(515)
Web: nursing.iowa.gov

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 655 Iowa Admin. Code r. 3.4(3). To submit a request for testing accommodations, applicants must submit three documents:

1. Form A ± r.
2. Form B ± 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. 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. R QW FBOH RXU WW XQ LQX UFLYH D ILQOLBSSURYDORUEDO

Applicants may submit the documents via email (jayne.hildreth@Iowa.gov); mail the documents to the Iowa Board of Nursing, 3DUN 6XLW ; or deliver them in-person to the Rffice.

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 jayne.hildreth@Iowa.gov.



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: _____
 (Title and Code Number)

4. History of Disability:

5. Specific Testing Accommodation(s) Requested:

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

 Provider's Signature

 Date



Iowa Board of Nursing

6200 Park Ave, Suite 100

Des Moines, IA 50321

Phone:(515) 281-3255 Fax:(515) 725-1107

Web: nursing.iowa.gov

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:

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

Nursing Program Representative Signature

Date

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

Applicant Signature

Date

