

# Request for Reasonable Accommodations for Testing

## Instructions

To request reasonable accommodations for a professional licensing examination, complete this form, attach photocopies of all appropriate documentation described below, sign and date the attestation, and send the completed form and documentation to the Professional Examinations Unit at the address at the end of this form. If you have any questions regarding your request, contact the Unit by calling 518-474-3817 ext. 290, by faxing 518-473-8577, or by e-mailing [opexams@mail.nysed.gov](mailto:opexams@mail.nysed.gov).

### Name

Last	<input type="text"/>
First	<input type="text"/>
Middle	<input type="text"/>

### Address

Line 1	<input type="text"/>		
Line 2	<input type="text"/>		
Line 3	<input type="text"/>		
City	<input type="text"/>		
State	<input type="text"/>	Zip Code	<input type="text"/>
Country/ Province	<input type="text"/>		

### Birth Date

Month	<input type="text"/>	Day	<input type="text"/>	Year	<input type="text"/>
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### Social Security Number

*(Leave this blank if you do not have a U.S. Social Security Number)*

### Telephone/E-Mail Address

#### Daytime phone

<input type="text"/>							
Area Code	Phone						

#### E-mail Address (please print clearly)

**Please specify the professional examination for which you are requesting reasonable accommodations (if NCLEX, State PN or RN):**

**Directions for documentation:** Candidates requesting reasonable accommodations because of disabilities covered by applicable laws must provide photocopies of documentation according to these standards:

1. The documentation must be an evaluation and/or diagnosis by a licensed professional. The diagnosis must be within the professional's scope of practice. If testing was performed on the candidate, the results of those tests must be provided.
2. The documentation must be signed by the licensed professional on official letterhead from that person's practice. The professional must be clearly identified by name and profession.
3. The documentation must be from within the last three (3) years. This is a standard requirement of all professional organizations that own national licensing examinations.
4. The documentation must state the diagnosis clearly and must specify what accommodations are required for the candidate to experience a fair administration of the examination. The accommodations must be presented as a requirement given the nature of the disability, not as a suggestion.
5. Documentation from a school psychologist is only acceptable if the candidate is still a student in that school system. IEPs and 504 plans from a candidate's secondary education or earlier are not acceptable because they are administrative documents, not the evaluations of licensed professionals, and they are not assessments of the candidate as an adult.
6. In addition to the documentation described above, the candidate must provide a letter from her or his professional program attesting to the nature of accommodations that were provided for testing throughout the course of study.

**Previous accommodations were granted in (check all that apply):**

High School     College     Professional Program

**Accommodations which you are currently requesting (check all that apply):**

Additional testing time:     Time and a half     Double time     Other: \_\_\_\_\_

Separate testing location

Reader

Other type of assistance (describe): \_\_\_\_\_

\_\_\_\_\_

Other (describe): \_\_\_\_\_

\_\_\_\_\_

**Appeals**

If you wish to appeal a determination on reasonable accommodations, you must submit written justification for reconsideration to the Appeals Committee Chairperson at the address below. An ad hoc committee consisting of the Executive Secretary of the State Board for the candidate's profession and two other managers in the Office of the Professions will review and decide on the appeal. Appeals must be submitted within ten days of notification of the Department's original decision. Appeals may be faxed but must also be mailed to:

Office of the Professions  
Professional Examinations Unit  
Education Building, 2<sup>nd</sup> Floor, East Wing  
89 Washington Avenue  
Albany, NY 12234  
Fax 518-473-8577

**Attestation**

I declare and affirm that the statements made in this request, including accompanying documents, are true, complete, and correct. I understand that any false or misleading information in, or in connection with, my application may be cause for denial or loss of professional New York State licensure.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date