

Request for Reasonable Accommodations for Testing

The University of the State of New York
The State Education Department
Office of the Professions
Division of Professional Licensing Services
www.op.nysed.gov

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. Contact information for the Professional Examinations Unit is provided at the end of the form. Call or email the Professional Examinations unit if you have any questions.

Name

Last

First

Middle

Address

Line 1

Line 2

Line 3

City

State

ZIP Code

Country/
Province

Birth Date Month

Day

Year

Social Security Number

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

Telephone/Email Address

Daytime Phone

Email Address (please print clearly)

Area Code

Phone

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)

Denial and Appeal

If your request for reasonable accommodations is not accepted as first presented, you will be allowed to submit additional documentation that is more recent or more fully explanatory in support of your request. If it is finally determined that your request for reasonable accommodations is denied, you may appeal this decision within 30 days by submitting written justification for reconsideration of your request. You should address your justification to the Reasonable Accommodations Appeals Committee. You may submit your request by mail, by fax, or by email attachment to the contact information provided below. A committee consisting of the Executive Secretary for the profession involved and two other managers in the Office of the Professions will decide on the appeal.

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

Contact Information: **New York State Education Department
Office of the Professions,
Professional Examinations Unit
Education Building, 2nd Floor, East Wing
89 Washington Avenue
Albany, NY 12234-1000
Phone 518-474-3817 Ext. 290
Fax: 518-473-8577
Email: opexams@nysed.gov**