College of Nursing of New Brunswick | Ordre de la pratique infirmière du Nouveau-Brunswick

Testing Accommodations
Documentation of Disability Related Needs Form

If you have a disability that requires an accommodation to take the registration examination (NCLEX), please have this section completed by a qualified health professional (e.g., Physician, psychologist) to certify that you require the accommodation.

Examples of documentation completed by the qualified health professional that would support the accommodations request include:

- Identification of the disability and/or diagnosis;
- The approximate date when the disability was first diagnosed and/or identified;
- A brief history and description of the disability;
- Identification of the tests and/or protocols used to confirm the diagnosis;
- A description of past accommodations granted for the disability;
- The nature/type of the accommodation currently being requested;
- An explanation why the specific accommodation is needed;
- A legible signature, title, and qualifications, and contact information (telephone, e-mail) of the qualified health professional; and
- History of accommodations provided to the candidate in testing situations during her/his nursing program.

Please submit the supporting documentation along with this form directly to the College of Nursing of New Brunswick by fax 506-459-2838 or by email at reg-imm@cnnb-opinb.ca

I have known _____ Since _____
(name of candidate) (date)

in my capacity as a _____ Due to

the nature of the candidate's disability _____
(description of the candidate's disability)

It is my opinion that this candidate should be accommodated by providing the following (check all that apply):

☐ Separate room
☐ Separate room and reader
☐ Separate room and recorder
☐ Additional time (please specify time needed) _____
☐ Adjustable contrast
☐ Font size
☐ Other (please specify)_____

Comments by the qualified professional completing this form:

_____
_____
_____
_____

Name: _____ Telephone: _____
Title: _____ Email: _____
Signature: _____ Date: _____