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

Testing Accommodations
Candidate Application Form

Please submit 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

The information requested below and any documentation regarding your disability and need for accommodation to take the registration examination NCLEX will be treated confidentially. It will not be shared with any outside source without your expressed written permission.

Name: _____

Address: _____

_____

Email Address: _____ Telephone Number: _____

Language of Exam: _____

Nature of Disability: _____

ACCOMMODATION(S) REQUESTED FOR EXAMINATION
(check all that apply)

☐ Separate room
☐ Separate room and reader
☐ Separate room and recorder
☐ Additional time (Please Specify) _____

☐ Adjustable contrast
☐ Font Size
☐ Other (Please specify) _____

Signature: _____ Date: _____

Note

Requested accommodations are subject to the approval of CNNB and the National Council of State Boards of Nursing (NCSBN). Not all accommodations are available at all testing centres.