

**Request for Testing Accommodations to write the
*National Council Licensure Exam for Registered Nurse (NCLEX-RN)***

We require one of the following, to assess your request:

If you were granted testing accommodations during your nursing education program, contact the Associate Dean, Academic, and ask them to send a letter directly to the Registrar of the CRNS, stating the testing accommodations that have been provided to you during your nursing education. The Dean may forward this letter by email to exams@crns.ca.

Or, if you were not granted testing accommodations during your nursing education program forward the *Disability Related Needs* form to the qualified health professional who has been involved in the treatment of your disability, e.g., physician, psychologist, etc., that approved/recognized/diagnosed your need for testing accommodation. We require that they complete this form and return it to our office. They may scan and email the completed form to exams@crns.ca.

The CRNS reserves the right to ask for further clarification.

Do not schedule an appointment with Pearson VUE to take the NCLEX-RN until you have received your approval letter from CRNS and your *Authorization to Test (ATT)* email from Pearson VUE indicates "Accommodations Granted".

Candidates with accommodations cannot cancel their accommodations at the time of their appointment.

If you have questions or concerns, please contact at the CRNS at exams@crns.ca.

Attachment: Testing Accommodation-Disability Related Needs



If you have a disability that may require an accommodation when writing the NCLEX-RN registration examination, please complete *Section A* of this form and forward it to a qualified health professional¹ who, in *Section B*, must describe the accommodation you need. The health professional is to send the completed form directly to the CRNS.

Section A (completed by candidate)	
Name: _____	
Section B (completed by the qualified health professional)	
I have known this candidate since _____ in my capacity as a _____ (date) (professional title)	
1. The approximate date when the disability was first diagnosed and/or identified.	_____
2. How was the disability determined?	_____ _____
3. A brief history and description of the disability.	_____ _____
4. The nature/type of the accommodation currently being requested. (Select all that apply)	<input type="checkbox"/> Separate room <input type="checkbox"/> Additional time _____ minutes <input type="checkbox"/> Recorder <input type="checkbox"/> Reader <input type="checkbox"/> Interpreter for the hearing impaired <input type="checkbox"/> Adjustable Font Size <input type="checkbox"/> Screen Magnifier <input type="checkbox"/> Other: _____
5. An explanation why the specific accommodation(s) are needed.	_____ _____
I acknowledge that I understand the purpose of the examination and its importance as a public protection mechanism by assessing the applicant's competence to practice at an entry level.	
Name: _____	Signature: _____
Telephone/Email: _____ Date: _____	

1 A qualified health professional is one who has known the candidate for a period of time and has been involved in the treatment of their disability and has the professional qualifications to assess, diagnose, and/or treat the applicant's disability, impairment, condition, or disorder (e.g., nurse practitioner, physician, psychologist, etc.).

2 The NCLEX examination is designed to test knowledge, skills, and abilities essential to the safe and effective practice of nursing at an entry level to practice. The NCLEX is not offered in paper-and-pencil or oral examination format, but is a variable length, computerized adaptive test. The examination is taken over an uninterrupted five (5) hour period and is taken in a test room containing a computer in an individual cubical along with an erasable note board and marker.