



SPECIAL ACCOMMODATION APPLICATION

PLEASE TYPE OR PRINT CLEARLY (Attach additional pages if necessary.)

SECTION 1 (To be completed by applicant.)

I, _____ (SSN: XXX-XX-_____) hereby request special accommodation for my exam.
(Full name of applicant)

Mailing Address: _____

City: _____ State: _____ Zip: _____

Cell Phone: _____ E-mail: _____

For which examination are you requesting assistance? _____

By signing below, I attest that the information I have provided on this application is accurate, true, and correct to the best of my knowledge. I agree to and authorize the release of information requested to C-NET for use in determining eligibility for the requested accommodation in testing. If the information provided is not sufficient to evaluate the request, I authorize C-NET to obtain additional information from the professional who completes the documents on my behalf related to this request and/or those entities who have provided test accommodations in the past. In addition, I authorize that professional and/or entities to provide additional information to C-NET if necessary for evaluating the appropriateness of my requested accommodation in testing. I understand that C-NET reserves the right to verify any & all information in my application. Therefore, I understand and agree that my failure to provide accurate, true, & correct information shall constitute grounds for rejection of my request for this accommodation in testing.

Signature: _____ Date: _____

SECTION 2 (To be completed by diagnosing professional.)

Name: _____

Title: _____ License # and State: _____

Phone #: _____ E-mail: _____

I have known _____ since ____/____/____
(Full name of applicant) (mm/dd/yy)

In my role as a _____
(Professional title)

CHECK ALL THAT APPLY:

- Time-and-a-half
- Site Accessibility
- Large Print Examination
- Audio Examination (questions played aloud)
- Separate Examination Area
- Other (please specify) _____

Nature of Disability _____

I have attached a copy of my professional credentials. I certify that I have discussed the nature of the test to be administered by the **Center for Nursing Education & Testing (C-NET)** with the above-named applicant, and it is my professional opinion that because of this applicant's disability, he/she should receive the ADA accommodation(s) listed above.

Signature: _____ Date: _____

Please attach a letter detailing the specific nature of the candidate's disability as it relates to this request and the reason(s) for requesting this accommodation. The letter must be written on your professional letterhead, must have an original signature, and must be dated no more than three (3) years prior to this application. (If the applicant has documentation of receiving the same or similar accommodation in another testing environment, they may submit said documentation in lieu of the letter requested above.)

NOTE: This application must be filled out completely for this request to be considered.