



The Center for Nursing Education and Testing **SPECIAL ACCOMMODATION APPLICATION**

Documents may be submitted to C-NET via fax (201-217-9785), email (info@cnetnurse.com) or mailed to: C-NET, 35 Journal Square, Suite 901 Jersey City, NJ 07306

SECTION 1: CANDIDATE INFORMATION (To be completed by applicant only)

NAME Mr. Ms. _____
Current Legal Last Name Maiden or Previous Legal Last Name Legal First Name Middle Name/ Init (as appears on ID)

MAILING ADDRESS _____
Street Apt# City State Zip

LAST 4 DIGITS OF SOCIAL SECURITY NUMBER _____ E-MAIL _____

CELL/ HOME PHONE NUMBER _____ WORK NUMBER _____

FOR WHICH EXAMINATION ARE YOU REQUESTING ASSISTANCE? _____

SECTION 2: CANDIDATE SIGNATURE (To be completed by applicant only)

Disability Documentation Guidelines

These guidelines are developed to ensure candidates are protected under Title II of the Americans with Disabilities Act of 1990. C-NET will evaluate all requests for examination modifications to determine whether the applicant:

1) Has a disability, as defined by the ADA, and 2) is qualified for protection under Title II. Such modifications must maintain the psychometric nature and security of the examination. Exam modifications which fundamentally alter the nature or security of the exam are not permitted.

The following guidelines describe the necessary components of acceptable evidence required to validate a disability and the current need for testing accommodations. A prior history of accommodations, without demonstration of a current need, will not necessarily warrant approval of testing modifications. Therefore it is in the candidate's best interest to provide recent and appropriate documentation, which clearly defines the extent and impact of the impairment(s) upon current levels of academic and physical functioning.

With regard to re-testing, individuals who have previously received special accommodations from C-NET will still need to re-submit all required documentation each time an accommodation is sought. C-NET receives a large volume of applications. This necessitates that we destroy expired applications and personal documentation submitted by unsuccessful candidates. For this reason it is strongly suggested that candidates retain copies of all documents submitted to C-NET.

- **The request for accommodations and appropriate, supporting documentation, must be received by C-NET 8-10 weeks in advance of a scheduled test date. If a candidate is testing using the computer based format, all documentation must be received by C-NET 8-10 weeks in advance of the desired test date.**
- **Documentation should provide evidence of a substantial limitation to physical or academic functioning.**
- **Clinical evaluations should be performed by a licensed or qualified professional (i.e. physician, psychologist, or specialized counselor) who has conducted an examination of the candidate and has**

diagnosed a physical or mental impairment. Details about the professional's area of specialization and professional credentials, including certification and licensure, should be provided.

- Documentation must be submitted on official letterhead from a licensed or qualified professional who has examined the candidate and diagnosed a physical or mental impairment. Depending on the disability and written evaluation, documentation may include a letter from a physician or a detailed report.
- Documentation should be no more than three years old.
- Documentation for all disabilities should describe the extent of the disability, the criteria for the diagnosis, the diagnosis, the type and length of treatment and the recommended accommodation. Terms such as "problems," "deficiencies," "weaknesses," "differences," and "learning disability" are not the equivalent of a diagnosed specific disability (such as ADD, Dyslexia, Multiple Sclerosis, etc.). The disability must be specific.
- C-NET and/or the board to which you are applying as a candidate can approve the request, deny the request as not appropriate, or refer the request to an expert reviewer with specific preparation in the applicant's area of disability. Once accommodations have been granted, they may not be altered during the examination unless prior approval from C-NET is obtained.

Health Professional Guidelines:

The following guidelines describe the necessary components of acceptable evidence required to validate a disability and the current need for testing accommodations. A prior history of accommodations, without demonstration of a current need, will not necessarily warrant approval of testing modifications.

- Documentation must be submitted on official letterhead from a licensed or qualified professional who has examined the candidate and diagnosed a physical or mental impairment. Depending on the disability and written evaluation, documentation may include a letter from a physician or a detailed report.
- Documentation should provide evidence of a substantial current limitation to physical or academic functioning.
- Clinical evaluations should be performed by a licensed or qualified professional (i.e. physician, psychologist, or educator) who has conducted an examination of the candidate and has diagnosed a physical or mental impairment. Details about the professional's area of specialization and professional credentials, including certification and/or licensure, should be provided.
- Documentation for all disabilities should describe the extent of the disability, the criteria for the diagnosis, the diagnosis, the type and length of treatment and the recommended accommodation. Terms such as "problems," "deficiencies," "weaknesses," "differences," and "learning disability" are not the equivalent of a diagnosed specific disability (such as ADD, Dyslexia, Multiple Sclerosis, etc.). The disability must be specific. The accommodation must also be specific.

I hereby affirm that I have read and agree to all of the information provided above.

Applicant's Signature

Date

[Please keep a copy of all documentation, including this form, for your records]

SECTION 3: DIAGNOSING PROFESSIONAL (To be completed by a qualified professional only)

The candidate that you are evaluating has requested that the Center for Nursing Education and Testing (C-NET) provide them with special accommodations during an upcoming examination. C-NET will provide reasonable accommodations to candidates with documented disabilities recognized under the Americans with Disabilities Act (ADA); particularly as they apply to testing for certification and licensure.

Clinical evaluations should be performed by a licensed or qualified professional (i.e. physician, psychologist, or specialized counselor) who has conducted an examination of the candidate and has diagnosed a physical or mental impairment.

Please provide your information and detail the candidate's current need for testing accommodations. A prior history of accommodations, without demonstration of a current need, will not necessarily warrant approval of testing modifications.

NAME: _____
(Licensed or qualified professional)

TITLE: _____
(Professional title)

LICENSE # AND STATE: _____

PHONE #: _____ E-MAIL: _____

THIS EVALUATION IS FOR: _____
(Full name of patient)

THIS EVALUATION TOOK PLACE ON: ____/____/____
(mm/dd/yy)

DIAGNOSED SPECIFIC DISABILITY (such as ADD, Dyslexia, Multiple Sclerosis, etc.):

RECOMMENDED ACCOMMODATION (CHECK ALL THAT APPLY):

_____ Time-and-a-half _____ Separate Examination Area
_____ Site Accessibility _____ Other (please specify) _____

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: _____
(Evaluator)

SECTION 4: EVALUATION LETTER (To be completed by a qualified professional only)

Please attach a letter detailing the specific nature of the candidate’s disability and how it impacts their current levels of academic and physical functioning. The letter must be written below or 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 within the last three (3) years, they may submit said documentation in lieu of the letter requested above.*)

Signature: _____ **Date:** _____
(Evaluator)