

COMMONWEALTH OF MASSACHUSETTS
Executive Office of Health and Human Services
Department Of Public Health
Division Of Health Professions Licensure
Board of Registration in Nursing
239 Causeway Street, Suite 500, 5th Floor
Boston, MA 02114
(617) 973-0900
www.mass.gov/reg/boards/rn

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NCLEX® Administration Accommodations Due to A Disability INFORMATION SHEET

The Board of Registration in Nursing (Board) insures protection of qualified applicants with disabilities in the administration of the National Council Licensure Examination (NCLEX) under Title II (Public Entities), Americans With Disabilities Act (ADA). The Board will evaluate all requests for examination modifications to determine whether the applicant: 1) has a disability, as defined by the ADA, and 2) are qualified for protection under Title II. The qualified NCLEX applicant with a disability must be able to meet the essential eligibility requirements for licensure as a Registered Nurse or Licensed Practical Nurse in the Massachusetts. These requirements, as specified in Massachusetts General Law Chapter 112, ss. 74 and 74A, include graduation from a Board-approved nursing education program, achievement of a pass grade on the NCLEX, and demonstration of compliance with the good moral character licensure requirement.

The Board will recommend approval of reasonable examination modifications to the National Council of State Boards of Nursing (NCSBN) for qualified applicants. Such modifications must maintain the psychometric nature and security of the NCLEX. Exam modifications, which fundamentally alter the nature or security of the NCLEX, are not permitted. Recommendations for approval will be made according to the policies and procedures established by the NCSBN.

It is the expectation of the Board that all NCLEX applicants will be knowledgeable with regard to the examination and licensure requirements, and that qualified NCLEX applicants with a disability will submit all documentation related to the accommodations application as required.

All correspondence should be addressed to Nursing Education Coordinator, Board of Registration in Nursing, 239 Causeway Street, Boston, MA 02114. Questions regarding the modification request process should be directed to the Nursing Education Coordinator, Board of Registration in Nursing, at the address above.

Accommodation requests may be submitted eight (8) weeks prior to graduation.

Massachusetts Board of Registration in Nursing
Guideline for the Substantiation of a Disability and the Need for Accommodation

Purpose:

This guideline is designed to inform qualified NCLEX applicants with disabilities of the appropriate information and documentation required to validate a disability and the applicant's *current* need for testing accommodation. Information and documentation to validate a disability and the applicant's *current* need for testing accommodation must be reported by a qualified diagnostician with expertise to diagnose and treat the disability, and include:

1. Professionally recognized diagnosis (e.g. avoid "suggests" or "is indicative of") and describe how the disability substantially limits one or more major life activities, including its impact in the context of writing the NCLEX.

Important Notes:

- psychiatric/mental health disorders, including anxiety/panic disorder and hyperactive disorder, must cite specific Diagnostic and Statistical Manual (DSM) recognized diagnoses
 - English as a second language is not recognized for protection under the ADA
2. Description of applicant's *current* level of functioning, *current* relevant treatment and specific request for accommodations.
 3. Specific evidence to validate diagnosis, as demonstrated by medical evaluation or comprehensive assessment battery, including:
 - a) diagnostic interview addressing history of disability, any past accommodation granted and a description of its impact on the individual's functioning;
 - b) specific standardized and professionally recognized tests/assessments administered, including assessment of aptitude, academic achievement, and information processing (e.g. Woodcock-Johnson, Weschler Adult Intelligence Scale), if applicable; and
 - c) standard test scores and/or percentiles and interpretations and evaluations.

Important Note:

- an Individual Education Plan (IEP) is not sufficient documentation.
4. Specify recommendations for accommodations with stated rationale as to why the recommended accommodation is necessary and appropriate.
 5. Report must be submitted on letterhead and include the diagnostician's name, title and professional credentials. It must be typed, dated, and signed by the diagnostician.

References:

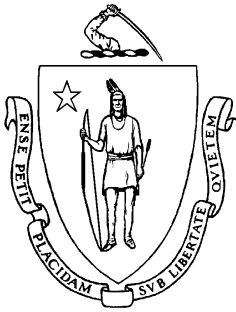
Guidelines for Documentation of a Learning Disability in Adolescents and Adults, Association on Higher Education and Disability, Columbus, OH, 1997

Policy for Requesting NCLEX Examination Accommodations, National Council of State Boards of Nursing, Chicago, IL, 1992

Students with Disabilities Preparing for Postsecondary Education: Know Your Rights and Responsibilities, U.S. Department of Education, 2006.

Title II Technical Assistance Manual, The Americans With Disabilities Act, U.S. Department of Justice, Washington D.C., 1992

Please retain the above information and a copy of your *Accommodation Request Form* as well as any materials submitted to the Board.



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National Council Licensure Examination (NCLEX®) ACCOMMODATION REQUEST FORM

To request NCLEX accommodations, qualified licensure by examination applicants with a disability (as defined by the Americans With Disabilities Act) must complete the following *National Council Licensure Examination (NCLEX) ACCOMMODATION REQUEST FORM*. This form and the required supporting documentation must be submitted in a sealed envelope directly to the Nursing Education Coordinator at the address above. *Repeat candidates must submit this form each time they apply for the examination and need administration modifications.*

Applicant Type: First time ☐
(Check one) Repeat ☐ Test Date(s): _____

First time applicants requesting accommodations for the first time are required to submit the following *Supporting Documentation*:

- ☐ A report completed by a qualified diagnostician with expertise in the area of your disability. Report must be prepared in accordance with the attached *Guideline for the Substantiation of a Disability and the Need for Accommodations*.
- ☐ A written statement from the nursing education program from which you graduated describing any accommodations granted in the classroom and clinical learning environment during your enrollment.

Applicant Name: _____

Address: _____
No. Street City/Town State Zip Code

Email: _____ Telephone: _____

Diagnosis: _____

Nursing education program: _____

Program Type (check one):

- | | |
|--|--|
| <input type="checkbox"/> Practical Nurse (PN) | <input type="checkbox"/> Associate Degree RN |
| <input type="checkbox"/> Hospital based Diploma RN | <input type="checkbox"/> Baccalaureate Degree RN |
| | <input type="checkbox"/> Entry-level Masters Degree RN |

Date of graduation: _____

Anticipated NCLEX test date: _____

Accommodations requested (please check):

- ☐ Recorder ☐ Reader
- ☐ Separate testing area (required if verbalization by the candidate or recorder/reader would occur)
- ☐ Extended time (check amount)
- ☐ 2 hours (Scheduled optional breaks offered after 2, 4 and 6 hours of exam time)
- NCLEX-RN total possible testing time over 1 day = 8 hours
- NCLEX-PN total possible testing time over 1 day = 7 hours
- ☐ 3 hours
- NCLEX-RN total possible testing time over 1 day = 9 hours (Scheduled optional breaks offered at 2, 4, 6 and 8 hours of exam time)
- NCLEX-PN total possible testing time over 1 day = 8 hours (Scheduled optional breaks offered at 2, 4 and 6 hours of exam time)
- ☐ Double time over 2 days (Scheduled optional breaks offered after 2 and 3.5 exam hours each day)
- NCLEX-RN total possible testing time over 2 days = 12 hours with maximum 6 exam hours/day
- NCLEX-PN total possible testing time over 2 days = 10 hours with maximum 5 exam hours/day
- ☐ Extra time - other
 Specify amount: _____
- ☐ Equipment provision (e.g., adjustable height table; screen magnification software).
- Specify: _____
- ☐ Aids (e.g., ruler, magnifying glass)
- Specify: _____
- ☐ Adjustable contrast ☐ Adjustable font size
- ☐ Other _____

Certification/Authorization:

I certify that the above information is true and accurate. If further information related to my disability or modifications are needed, I authorize the Board of Nursing to contact my diagnostician or nursing education program.

Name

Date