



Testing Accommodations
Candidate Application Form

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)

- | | |
|---|---|
| <input type="checkbox"/> Separate room | <input type="checkbox"/> Adjustable contrast |
| <input type="checkbox"/> Separate room and reader | <input type="checkbox"/> Font Size |
| <input type="checkbox"/> Separate room and recorder | <input type="checkbox"/> Other (Please specify) _____ |
| <input type="checkbox"/> Additional time (Please Specify) _____ | |

Signature: _____ Date: _____

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

Nurses Association of New Brunswick
L'Association des infirmières et infirmiers du Nouveau-Brunswick

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