

Test Accommodation Request Form

- In accordance with disabilities covered under the Americans with Disabilities Act (ADA), the Medical-Surgical Nursing Certification Board (MSN CB) will provide reasonable accommodations to exam applicants.
- Please complete the exam accommodation request form and providing the supporting documents as described in the form. Additional documentation may be requested by MSN CB after submission of these forms and documents have been reviewed.

Please do not send original documents.

- Incomplete submissions will delay the authorization to test.
- Candidate Confidentiality: This form and subsequent documents will not be disclosed to the testing vendor or any other individuals, including employers and supervisors of the test candidate. Result reports will not indicate the use of testing accommodations.
- Please contact MSN CB with additional questions (certification@msncb.org; 866-877-2676).

TO BE COMPLETED BY THE CANDIDATE:

The first and last name on this form must match your unexpired, government-issued ID.

Name: _____
Last First Middle

Home Address: _____

City State Zip

Primary Phone: _____ Account Email Address: _____

TO BE COMPLETED BY A LICENSED PHYSICIAN, PSYCHIATRIST, OR CLINICAL PSYCHOLOGIST:

(Professional evaluation, less than three yrs. old, must be made by a licensed individual who is qualified to diagnose the specific illness or disability.)

Exam Accommodations Requested (check all that apply):

☐ Extended Testing Time ☐ Seating or Other Physical Accommodation ☐ Reader

☐ Other Special Accommodations (Specify below)

Specific Diagnosis(es): _____

Date of Initial Diagnosis: _____ Date of Most Recent Evaluation: _____

Addition
Comments: _____

Professional's Name: _____ Credentials: _____

Address: _____

Phone: _____ Email Address: _____

Signed _____ Date _____