



State of Idaho  
Division Of Occupational and Professional Licenses  
Board of Nursing

**BRAD LITTLE**  
Governor  
**RUSSELL BARRON**  
Administrator

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Boise, ID 83720-0063  
(208) 334-3233  
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**REQUEST FOR NCLEX TESTING ACCOMMODATIONS**

**Applicant Information**

Name			NCSBN Candidate Number		
Mailing Address			Phone Number		
City	State	Zip	e-mail address		

**Accommodations History**

Have you previously taken the NCLEX with accommodations? If Yes, what accommodations were provided?      Yes      No      Date: \_\_\_\_\_

What accommodations or modifications were provided by your nursing program?

_____	_____
<i>Educational Institution Name</i>	<i>Program Name</i>
_____	_____
<i>Program Director</i>	<i>Location/Site of Program</i>

I attest all information included on this form is true and correct.	
_____	_____
<i>Applicant Signature</i>	<i>Date</i>

**IMPORTANT**

- Please submit the completed request to the Board of Nursing at the address below.
- The two letters described below should be sent to the Board of Nursing directly from the medical/educational professional.

1. Letter of diagnosis from the appropriate medical professional that includes:
  - a. A professionally recognized diagnosis of a physical or mental impairment that substantially limits one or more major live activities and is subject to the protection of the Americans with Disabilities Act (ADA).
  - b. History of the disability and the impact of past accommodations on the applicant's functioning
  - c. Recommendations for testing accommodations with a stated rationale as to why the requested accommodation is necessary and appropriate for the diagnosed disability.
2. Letter from the nursing education program that includes:
  - a. The modifications, if any, that were granted by the program and the impact of the accommodations on the applicant's functioning.
  - b. Recommendations for testing accommodations with a stated rationale as to why the requested accommodation is necessary and appropriate for the diagnosed disability.

Please submit completed form to the following: [hp-licensing@dopl.idaho.gov](mailto:hp-licensing@dopl.idaho.gov)