



STATE OF MAINE
BOARD OF NURSING
158 STATE HOUSE STATION
AUGUSTA, MAINE 04333-0158

JANET T. MILLS
GOVERNOR

KIM ESQUIBEL, PHD, M.S.N., R.N.
EXECUTIVE DIRECTOR

REQUESTING SPECIAL ACCOMMODATIONS

In compliance with the [American with Disabilities Act \(ADA\)](#), the Maine State Board of Nursing provides reasonable accommodations for candidates with disabilities that may interfere with their performance on the National Council Licensure Examination for Registered Nurses (NCLEX-RN®) or the National Council Licensure Examination for Practical Nurses (NCLEX-PN®). Information on test accommodations can also be found on www.pearsonvue.com.

REQUIRED DOCUMENTATION

Candidates requesting special accommodations must submit the following documentation to support the request:

- 1.) A **Special Accommodations Request** form thoroughly completed by the candidate.
- 2.) A letter from the candidate's **Nursing Program Administration or Disability Services** indicating what accommodations were *provided* and *utilized*, not just what accommodations were *approved*. This document must be on an official letterhead, signed, and dated.
- 3.) A letter from the candidate's **Healthcare Professional or Diagnostician** detailing information regarding the candidate's disability. This letter should include an actual diagnosis, DSM (Diagnostic and Statistical Manual of Mental Disorders) code, evaluations or testing that determined the diagnosis, and how the patient is being treated for the disability. This document must be on an official letterhead, signed, and dated.

These documents may be emailed to Exams.PFRNursing@maine.gov, faxed to 207-287-1149, or mailed to Maine State Board of Nursing, 158 SHS, Augusta, ME 04333-0158.

TIME FRAME

Applicants should request testing accommodations at the time of application for licensure. If there is a need for further verification of the disability from the applicant or the professional verifying the disability and the need for modification, it is possible that the decision on granting the modification will be delayed and consequently the date when the candidate can take the examination.

Once the request is received, in addition to all other required documentation, the Board will process the request and notify the candidate of the decision. If approved, the special accommodations will be added to the Pearson Vue Registration profile for the applicant. Once the candidate receives their ATT, examinations with accommodations of 30 minutes extra time, 1-hour extra time, 2 hours extra time, or 3 hours extra time can schedule the examination date online at www.pearsonvue.com/nclex. Candidates approved for *all other testing accommodations* **must** be scheduled by Pearson Vue NCLEX Candidate Services at the telephone number listed on the ATT and ask for the NCLEX Accommodations Coordinator. Candidates with accommodations cannot cancel their accommodations at the time of their examination appointment and must test with what was approved.

If the candidate chooses to revoke the special accommodation request **prior** to receiving their ATT, they must submit a signed and dated letter to the Maine Board of Nursing indicating that their accommodation request has been rescinded. If the candidate has **already received** their ATT and wishes to revoke special accommodations, they must do so in advance of the examination date by submitting a revocation request letter to Maine Board of Nursing. Any scheduled examination date will be *unscheduled*, and the candidate will receive a new ATT once accommodations have been removed.

For any questions relating to testing accommodations, please contact the Maine Board of Nursing Examinations Specialist at Exams.PFRNursing@maine.gov.



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PHONE: (207)287-1133

FAX: (207)287-1149

OFFICES LOCATED AT: 161 CAPITOL ST., AUGUSTA, ME
www.maine.gov/boardofnursing



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SPECIAL ACCOMMODATIONS REQUEST FOR NCLEX CANDIDATES

Printed

Name: _____
(First) (Middle) (Last)

Address: _____
(Street) (City) (State) (Zip Code)

Date of Birth: _____ Temporary License Number: _____

Describe your disability type (e.g., physical, mental, or learning) and how this substantially limits one or more of your major life activities:

Explain the nature and extent of your disability (e.g., hearing, or visual impairment, dyslexia, etc.) and how it will affect your ability to take the NCLEX-RN®/NCLEX-PN®:

Indicate the specific accommodation(s) you are requesting:

<input type="checkbox"/> Access to Nursing Mother Space	<input type="checkbox"/> Personal Item _____
<input type="checkbox"/> Extra Time – 30 Minutes	<input type="checkbox"/> Separate Room
<input type="checkbox"/> Extra Time – 1 Hour	<input type="checkbox"/> Separate Room & Reader
<input type="checkbox"/> Extra Time – 2 Hours	<input type="checkbox"/> Separate Room & Recorder
<input type="checkbox"/> Extra Time – 3 Hours	<input type="checkbox"/> Separate Room & Sign Language Interpreter
<input type="checkbox"/> Extra Time – 50% Exam Time	<input type="checkbox"/> Zoom Text (greater than 200%)
<input type="checkbox"/> Extra Time – Double Time (2 days)	<input type="checkbox"/> Equipment _____
<input type="checkbox"/> Extra Time – Other	<input type="checkbox"/> Screen Magnifier

Signature: _____ Date: _____



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