



NURSE AIDE AND HOME HEALTH AIDE ACCOMMODATION REQUEST FORM

Any trainee who has a physical, learning, psychological or other reason for requesting a reasonable accommodation or auxiliary aide to take the state test, may complete and submit this form. You must have performed in a satisfactory manner in both a class/theory and in a lab/clinical setting of the course. **The applicant must complete the front of this form and the course instructor must complete the back side of this form.**

An accommodation must be requested in advance. The accommodation request form must accompany the I.D. slip and reach Health Occupations Credentialing at least three weeks prior to the desired testing date.

Instructor name: _____

Course number: _____

TRAINEE MUST COMPLETE THE FOLLOWING:

A. TRAINEE'S INFORMATION

Name: _____

Address: _____

Home Phone #: () _____ Work Phone #: () _____

Social Security Number: _____

B. REASON FOR REQUEST (Check all that apply)

- Deaf
- Hard of Hearing
- Visually Impaired
- Physical Disability (please explain _____)
- Special Learning Disability (please explain _____)
- Psychological Disability (please explain _____)
- Other (please explain _____)

C: REQUESTED ACCOMMODATIONS (Check all that apply)

- Reader/Oral Test (**Nurse Aide Test ONLY**)
- Sign Language Interpreter
- Large Print
- Extended Time
- Time and a half Double Time

D. WAS THE SAME ACCOMMODATION REQUESTED IN TAKING THE NURSE AIDE OR HOME HEALTH AIDE COURSE?

Yes No If no, why not? _____

I do hereby attest that the information supplied in this application and any attachments are accurate and complete to the best of my knowledge. I do hereby give permission to the department to verify any information provided in this application and any attachments.

Signature of Trainee

Date

(INSTRUCTOR MUST COMPLETE THE PAGE BELOW)

