



Kansas Department for Aging and Disability Services
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)

INSTRUCTOR MUST COMPLETE THE FOLLOWING

If you have a trainee who has a physical, learning, psychological, or other reason that you believe requires a reasonable accommodation or auxiliary aide to take the state nurse aide or home health aide test, please complete this page of the form and submit this form to the address below.

A. I have known _____ since _____ in my capacity
as a _____
professional title

B. It is my opinion the candidate should be accommodated by providing the following:

- Reader/Oral test (**NURSE AIDE TEST ONLY**)
- Sign Language Interpreter
- Large Print
- Extended Time
 - Time and a half
 - Double Time

C. Was the accommodation provide for in the nurse aide or home health aide course?

Yes No If no, why is it being requested for the state test? _____

I do hereby attest that the information supplied in this application is 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. I do hereby request that the Kansas Department of Health and Environment provide the above requested accommodation for the candidate.

Signature of Instructor or other verifying professional

Date

Address _____

Phone () _____ work

Phone () _____ home

Return to: Health Occupations Credentialing
Kansas Department for Aging and Disability Services
612 S Kansas Ave.
Topeka, Kansas 66603-3404
(785) 296-6958 or tabetha_mojica@kdads.ks.gov