Kansas Department of Health and Environment
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 application and instructor roster and sent to Health Occupations Credentialing. A copy of the accommodation request must also accompany the roster sent to the test site.

Instructor name: _______________________________ Course number: ______________________

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A. TRAINEE INFORMATION

Name: ____________________________________________

Address: _________________________________________

City       State       Zip Code

Home Phone #: ( ____________ ) ______________

Cell #: ( ____________ ) _______________________

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______________________________ )
___ English Second Language (ESL)

C: REQUESTED ACCOMMODATIONS (Check all that apply)

___ Reader/Oral Test (Nurse Aide Test ONLY) 4 hours maximum
___ Sign Language Interpreter (classroom and proctor instructions as needed)
___ Large Print
___ Extended Time
___ Non-Medical Bilingual Dictionary ____________________ Language

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

___ Yes ___ No   If no, please explain

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 ______________________

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(INSTRUCTOR MUST COMPLETE THE BACK - OVER)
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 ____________________________.

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

___ Reader/Oral Test (Nurse Aide Test ONLY) 4 hours maximum
___ Sign Language Interpreter (classroom and proctor instructions as needed)
___ Large Print
___ Extended Time
___ Non-Medical Bilingual Dictionary __________________ Language

C. Was the accommodation provided 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

Phone (   )________________________ work

Phone (   )________________________ home

Return to: Health Occupations Credentialing  
Kansas Department of Health and Environment  
503 S Kansas Ave  
Topeka, KS 66603  
785-296-6958

10/11/2019