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: _________________

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/clinical 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 ______________________

(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/clinical 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 hereby give permission to the department to verify any information provided in this application and any attachments. I 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

11/21/2019