

Kansas Department for Aging and Disability Services
**NURSE AIDE, MEDICATION AIDE, HOME HEALTH AIDE
ACCOMMODATION REQUEST FORM**

Any student may complete and submit this form if they have a physical, learning, psychological or other need in which an accommodation or auxiliary aide would be of assistance to the student taking the state test. 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.

- **CMA exams-** The completed accommodation request form must be sent to Health Occupations Credentialing (HOC) prior to the instructor's submission to the test site. If the accommodations are approved, the CMA instructor will provide a copy of the accommodation request must also accompany the roster sent to the test site.
- **CNA and HHA exams-** An accommodation request form must be sent to the test site along with roster. The test site coordinator will then provide a copy of the accommodation form to HOC when that tester's code is requested.

Instructor name: _____ Course Type and # _____

STUDENT MUST COMPLETE THE FOLLOWING:

A. STUDENT INFORMATION

Name: _____

Address: _____

Home Phone #: () _____ Cell #: () _____ City State Zip Code

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**) proctor reads the exam or reading software
- ___ Reader/Sign Language Interpreter (**Nurse Aide Test ONLY-4 hours**) proctor reads exam as the interpreter signs
- ___ Sign Language Interpreter (**classroom/clinical instructions and Proctor instructions as needed for CNA/CMA/HHA**)
- ___ Large Print
- ___ Extended Time (**receives double time CNA-4hrs, CMA-3hrs, HHA-2HRS**)
- ___ Separate Room (example: if using a Reader or Sign Language Interpreter, test anxiety, ESL tester)
- ___ Non-Medical Bilingual Dictionary _____ Language

D. WAS THE SAME ACCOMMODATION REQUESTED IN TAKING THE NURSE AIDE, MEDICATION AIDE, 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 Student _____ Date _____

(INSTRUCTOR MUST COMPLETE THE BACK - OVER)

INSTRUCTOR MUST COMPLETE THE FOLLOWING

If your student has a physical, learning, psychological or any other in which a reasonable accommodation or auxiliary aide would be of benefit to your student when taking the state nurse aide, medication aide, or home health aide certification test, or home health aide test, please complete this page of the form and submit this form to the email address shown 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 4 hours maximum**) proctor reads the exam or reading software
- Reader/Sign Language Interpreter (**Nurse Aide Test ONLY-4 hours**) proctor reads exam as the interpreter signs
- Sign Language Interpreter (**classroom/clinical instructions and Proctor instructions as needed for CNA/CMA/HHA**)
- Large Print
- Extended Time (**receives double time CNA-4hrs, CMA-3hrs, HHA-2HRS**)
- Separate Room (example: if using a Reader or Sign Language Interpreter, test anxiety, ESL tester)
- Non-Medical Bilingual Dictionary _____
Language

C. Was the accommodation provided for in the nurse aide, medication 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 for Aging and Disability Services provide the above requested accommodation for the candidate.

Signature of Instructor or other verifying professional

Date

Phone () _____ work

Phone () _____ home

Please email any questions or submit the completed form to to Kim Garrett, Certification Administrator, at kimberly.garrett@ks.gov.