



REQUEST FOR DISABILITY ACCOMMODATION GUIDELINES

NORTH DAKOTA BOARD OF NURSING

SFN 19800 (06/22)

You have indicated that you may require an accommodation to take the examination and/or meet licensure/registration requirements. In order for the Board to consider your request for accommodation, you must submit acceptable documentation of your disability and a proposal for accommodation with the application for licensure or registration. The application and all requested disability accommodation material must be mailed to the address below.

THE BOARD MUST RECEIVE THE FOLLOWING INFORMATION

1. Current statement verifying a disability:

a) The statement must be documentation from a physician, mental health professional or other professional that appropriately identifies the disability. The statement must be on the professional's letterhead and include the address and phone number of the professional.

b) This form or a photocopy of this form, including the identifying information below, must be submitted by the professional along with the statement verifying a disability.

2. A letter from the candidate with the specific proposal for accommodation as it relates to the disability. Please include information regarding any accommodations for the disability by other entities which you may have sought or received in the past.

3. A letter from the candidate's education program and/or employer indicating what modifications or recommendations if any, were granted by the program.

4. If you are reapplying to take an examination or for licensure or registration and have submitted acceptable documentation of a disability with your prior application, please contact the Board office regarding the provision of disability accommodation. You will need to submit this sheet with your application but, if requesting the same or similar accommodation granted by the Board in the past, you may not need to submit documentation from a professional verifying a disability.

Applicant:
Date:
License or Registration for which applying:
Name of Professional submitting documentation of a disability:
Professional's telephone Number:
What specific accommodation(s) is requested:

Complete and return to:
North Dakota Board of Nursing
919 S 7th St., Suite 504
Bismarck, ND 58504-5881
Fax: (701) 751-2221
Email: exam@ndbon.org
Website: www.ndbon.org