

D & S Diversified Technologies

333 Oakland Avenue, Findlay, OH 45840

Toll Free 877-201-0758 – Fax 419-422-8367

PROVIDING CNA TESTING SOLUTIONS THROUGHOUT TENNESSEE

You must submit documentation from a *health care provider or learning specialist* who rendered a disability or diagnosis. Documentation must include the following:

- **Description of the disability and limitations related to testing.**
- **Recommended accommodation(s).**
- **Name, title, telephone number and signature of the Health Care Provider, Learning Specialist or instructor.**

OR if you were granted testing accommodations for tests during your Nursing Assistant Training Program, you must complete this form with your *primary instructor* of the program verifying these accommodations. The primary instructor must sign this form verifying these accommodations.

D & S Diversified Technologies will consider all requests on a case-by-case basis. It may be necessary for testing staff to speak and correspond with you regarding specific arrangements. Therefore, it is **IMPORTANT** that you provide a current address and daytime telephone number and keep the staff informed if these change.

In order to provide testing accommodations, D & S Diversified Technologies must share the information you provide with the Tennessee Department of Health, the Test Observer, and the Test Site coordinator. The information requested above and any documentation regarding your disability is considered strictly confidential and will be shared only with the parties listed above. Your signature below indicates that you understand this and you give permission to D & S Diversified Technologies to do so.

Applicant Signature: _____ Date: ____/____/____

I certify that I was the above candidate's *primary instructor*, and that I provided the accommodations detailed herein during said candidate's Nursing Assistant Training Program.

Primary Instructor Signature: _____ Date: ____/____/____

Primary Instructor Signature: _____ Date: ____/____/____

*Second signature necessary only if primary instructor was different for classroom and clinical training

D & S Diversified Technologies

333 Oakland Avenue, Findlay, OH 45840

Toll Free 877-201-0758 – Fax 419-422-8367

PROVIDING CNA TESTING SOLUTIONS THROUGHOUT TENNESSEE

ACCOMMODATION APPLICATION Supplemental

- This APPLICATION MUST ACCOMPANY FORM 1101 TN and 1402 TN
- Applications must be received in the Findlay office 10 working days prior to requested test date.
- Accommodations are granted in accordance with the Americans with Disabilities Act
- Typically accommodations would be used during training in order to be approved for testing.

Social Security Number: _____ - _____ - _____ Date of Birth: _____

Name: _____

 Last First Middle Maiden/Former

Home Address: _____ City: _____ State: _____ Zip: _____

Home Phone: (____) _____ Work Phone: (____) _____

Special Accommodation Requested:

____ Reader Marker ____ Additional Testing Time ____ Large Print

____ Other, please explain _____

OFFICIAL USE ONLY: SITE # _____ PACKET# _____ TEST DATE _____ SCHEDULER: _____ TEST EVALUATOR _____ DATE ACCOMMODATION Granted: _____ OTHER: _____ DATE ACCOMMODATION Denied: _____
--