



NORTH DAKOTA REQUEST FOR ACCOMMODATION (FORM 1404ND)

In compliance with the Americans with Disabilities Act, the HEADMASTER Nurse Aide Testing Program provides accommodations for applicants with disabilities that may affect his or her ability to take the Nurse Aide Competency Exam.

If you are a Candidate with a disability or limitation for which you wish to request an accommodation, please complete both sides of this form and attach the required documentation. This will assist HEADMASTER in determining appropriate accommodations for you. These documents must be submitted to HEADMASTER with your application or retest request. **Accommodations cannot be provided at the test unless this form and all other documentation are received at the time your application or retest request is submitted.**

Social Security Number _____ - _____ - _____ Email _____

Last _____ First _____ Middle _____

Home Address _____ City _____ State _____ Zip _____

Home #: (____) _____ - _____ Cell #: (____) _____ - _____ Date of Birth ____/____/____

Describe your disability and how this substantially limits one or more of your major life activities:

Explain the nature and extent of your disability and how it impairs your ability to take the test:

Describe the accommodations granted to you during your Nursing Assistant Training Program:

Describe the accommodations you are requesting:



REQUIRED DOCUMENTATION FOR ADA ACCOMMODATION REQUESTS:

An applicant requesting special testing accommodation must provide the following along with his/her testing application to HEADMASTER.

- Completion of this application available from the www.hdmaster.com (Form 1404ND)
- Documentation including recent (within the last four years, unless the disability is documented by the professional as stable and permanent) reports, test results, evaluations and assessments of the candidate’s need for accommodations due to a disability (physical or mental impairment) that substantially limits one or more major life activities. Major life activities include walking, seeing, hearing, speaking, breathing, learning, thinking, working, caring for one’s self and performing manual tasks. Mental impairment includes any mental or psychological disorder, such as organic brain syndrome, emotional or mental illness and specific learning disabilities, which are protected under the Americans with Disabilities Act (ADA). Documentation by a qualified professional with expertise in the areas of the diagnosed disability which supports the request for accommodations, including results of appropriate diagnostic testing, must be submitted.

DOCUMENTATION MUST INCLUDE:

- ⇒ A history of the disability and any past accommodation(s) granted to the candidate, as well as a description of its impact on the individual’s functioning.
- ⇒ Identification of the specific standardized and professionally recognized test/assessments given (e.g., Woodcock-Johnson, Weschler Adult Intelligence Scale).
- ⇒ The scores resulting from testing, interpretation of the scores and evaluations.
- ⇒ Recommendations for testing accommodations with a stated rationale as to why the requested accommodations are necessary and appropriate for the diagnosed disability.
- ⇒ Contact information including name, qualifications, phone of the professional evaluator recommending the accommodation.

If you were provided accommodation in the nursing assistant program, the instructor must sign the request for accommodations form verifying that the accommodation requested was provided by the program. The Primary Instructor **must** sign this form verifying any provided training accommodations. Your signature below indicates that you understand this application and the documentation you included and give permission to HEADMASTER staff, their RN Test Observers, Written Test Proctors, and Actors, and appropriate North Dakota State Agencies to be informed of accommodations requested. The information requested and documentation regarding your disability is considered strictly confidential and will be shared only with the parties listed above on a need to know basis. Your signature below indicates that you understand this and you give permission to HEADMASTER to share this information as described.

Applicant’s Signature: _____ **Date:** _____

I certify that I was the above candidate’s Primary Instructor, and that I provided the accommodations detailed herein during the candidate’s Nursing Assistant Training Program.

NAME OF CNA PROGRAM ATTENDED: _____ **PROGRAM ID#:** _____

PRIMARY INSTRUCTOR NAME(PLEASE PRINT): _____ **PHONE #:** _____

PRIMARY INSTRUCTOR SIGNATURE: _____ **EMAIL:** _____

DATE: _____

NOTE: IN ORDER TO MAKE THE NECESSARY ARRANGEMENTS TO ACCOMMODATE YOUR NEEDS, ALL REQUESTS AND SUPPORTING DOCUMENTATION MUST BE SENT TO HEADMASTER WITH YOUR APPLICATION. The North Dakota Department of Health MUST APPROVE and HEADMASTER must arrange for ALL ACCOMMODATIONS PRIOR TO YOUR TEST DATE.

All requests will be considered on a case-by-case basis. It will 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 HEADMASTER informed if these change. You will receive written confirmation of any approved or denied accommodations. You **MUST** notify the testing staff if you are unable to take the examination on the date for which you are scheduled