

**TO BE COMPLETED BY THE APPLICANT**

Name: \_\_\_\_\_ Registration number: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_

How does the nature of the disability\* impact your ability to write the exam?

\*You may share a specific diagnosis, but it is not required.

**ACCOMMODATION REQUESTED FOR EXAM:**

- Private room
- Additional time (please specify time needed): \_\_\_\_\_
- In person Reader
- Screen reader

The following Screen Readers are compatible with the exam administrator's browser, which means if you have one of them, you could potentially write the exam from your personal computer. Please indicate if you currently have on your computer:

JAWS  VoiceOver for MacOS or  Narrator for Windows

**Wired headphones** are an additional requirement to be able to use a screen reader for the exam. Do you have or can you acquire wired headphones to use any of the three screen reader programs for the exam? Yes  No

Other (please specify): \_\_\_\_\_

By signing this form, I (print name): \_\_\_\_\_, authorize the release of information regarding my disability, disorder, or condition, and/or history of special accommodations as specified in this document from my Health Care Professional and/or Post-Secondary Institution.

I understand that the information concerning my case will be shared with the College of Licensed Practical Nurses of Alberta (CLPNA), and only the type of accommodation needed will be shared with the examination administer (Yardstick).

I understand that the adjustments made for the CPNRE may not be the same as those provided in other contexts (i.e., at school). The CLPNA will inform me about the type of accommodations granted.

I understand that I may be required to travel to an approved exam centre if special resources are required to support my accommodation request for a reader.

I understand that if travel is required, I am responsible for all associated travel costs.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Please note that your application for accommodation will not be considered complete until the supporting documentation has been received from your Post-Secondary Institution.**

**TO BE COMPLETED BY THE POST-SECONDARY INSTITUTION**

If the applicant has been provided with exam accommodations during their nursing education program, please answer the following.

Describe any past accommodations granted for the disability, including accommodations provided to the applicant in testing situations during their nursing education program.

**POST-SECONDARY INSTITUTION INFORMATION**

Institution Name (please print): \_\_\_\_\_

Institution address: \_\_\_\_\_

Signatory Name (please print): \_\_\_\_\_

Signatory Title (please print): \_\_\_\_\_

Email: \_\_\_\_\_ Telephone: \_\_\_\_\_

By signing this form, I (print name) \_\_\_\_\_ certify all information is true and correct to the best of my knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please ensure that this completed form, along with any other relevant information is sent directly to:**

Deputy Registrar  
College of Licensed Practical Nurses of Alberta  
St. Albert Trail Place  
13163 146 Street,  
Edmonton, Alberta T5L 4S8

Or you may send via email to: [studentservices@clpna.com](mailto:studentservices@clpna.com)