

Kansas Department of Health and Environment  
**NURSE AIDE AND HOME HEALTH AIDE  
ACCOMMODATION REQUEST FORM**

Any trainee, who has a physical, learning, psychological or other reason for requesting a reasonable accommodation or auxiliary aide to take the state test, may complete and submit this form. 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. The accommodation request form must accompany the application and instructor roster and sent to Health Occupations Credentialing. A copy of the accommodation request must also accompany the roster sent to the test site.

Instructor name: \_\_\_\_\_ Course number: \_\_\_\_\_

**TRAINEE MUST COMPLETE THE FOLLOWING:**

**A. TRAINEE INFORMATION**

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
City State Zip Code

Home Phone #: ( ) \_\_\_\_\_ Cell #: ( ) \_\_\_\_\_

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
- Sign Language Interpreter (classroom/clinical and proctor instructions as needed)
- Large Print
- Extended Time
- Non-Medical Bilingual Dictionary \_\_\_\_\_  
Language

**D. WAS THE SAME ACCOMMODATION REQUESTED IN TAKING THE NURSE AIDE OR 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 Trainee \_\_\_\_\_ Date \_\_\_\_\_

**(INSTRUCTOR MUST COMPLETE THE BACK - OVER)**

**INSTRUCTOR MUST COMPLETE THE FOLLOWING**

If you have a trainee who has a physical, learning, psychological or other reason that you believe requires a reasonable accommodation or auxiliary aide to take the state nurse aide or home health aide test, please complete this page of the form and submit this form to the address 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
- Sign Language Interpreter (classroom/clinical and proctor instructions as needed)
- Large Print
- Extended Time
- Non-Medical Bilingual Dictionary \_\_\_\_\_  
Language

C. Was the accommodation provided for in the nurse 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 of Health and Environment provide the above requested accommodation for the candidate.

\_\_\_\_\_  
Signature of Instructor or other verifying professional

\_\_\_\_\_  
Date

Phone ( ) \_\_\_\_\_ work

Phone ( ) \_\_\_\_\_ home

Return to: Health Occupations Credentialing  
Kansas Department of Health and Environment  
503 S Kansas Ave  
Topeka, KS 66603  
785-296-6958