Oncology Nursing Certification Corporation

Special Accommodations Request Form

ONCC will provide reasonable accommodations for test candidates with disabilities that are covered under the Americans with Disabilities Act (ADA). Candidates requesting special accommodations must submit the Special Accommodations Request Form by mail or fax within 5 business days of applying online, or with a paper application submitted by mail or fax.

Candidate Information

Last Name _____ First Name _____ Middle Initial _____

Home Address _____

City _____ State _____ Zip/Postal Code _____ Country _____

(Area Code) Work Phone Number _____ (Area Code) Home Phone Number _____

Email Address (please provide an individual or personal email address, not a group mailbox that is shared in the workplace) _____

Test Type: ❍ OCN® ❍ CPHON™ ❍ CBCN™ ❍ AOCNP® ❍ AOCNS® Test Date: _____

Special Testing Accommodations

I request special accomodations as follows (check all that apply):

- ❍ Special seating or other physical accommodation
- ❍ Extended testing time
- ❍ Separate testing room
- ❍ Other (please describe): _____

Candidate Signature _____ Date _____

Professional Documentation (professional evaluation must have been made no earlier than 3 years prior to application)

I have evaluated *(candidate's name)* _____ on _____/_____/_____ *(date)* in my capacity as a _____ (professional title).

The candidate discussed the nature of the examination to be administered. It is my opinion that because of this candidate's disability, described below, he/she should receive the special testing accommodations requested above.

Description of disability: _____

_____

If extra test time is recommended, specify the amount of time (e.g., 1.5 additional hours): _____

Professional's Name: _____ Credentials _____

Address: _____

City _____ State _____ Zip/Postal Code _____

Telephone _____ Email address _____

Professional License Number _____ State of License Issue _____

Signature: _____ Date _____

Return this completed form to ONCC with your certification test application, or by fax to 412-859-6168 within 5 days of applying online.