



**Oregon State Board of Nursing**  
 17938 SW Upper Boones Ferry Rd.  
 Portland, OR 97224-7012  
 971-673-0685  
 www.oregon.gov/OSBN

# Oregon State Board of Nursing Request for Testing Accommodations

In compliance with the federal Americans with Disabilities Act (ADA), applicants who have a documented disability related to testing may be provided with reasonable accommodations to take licensing and/or certification examinations. Before submitting your request, please review the [LPN/RN](#) or [CNA/CMA](#) Frequently Asked Questions (FAQ's) document to ensure you are submitting a complete request. Both documents are available on the OSBN website under Board Policies and Interpretive Statements.

## Section 1: General Information

- Complete each question and sign the form. Include your required supplemental documentation (see Section 2 for more information) and submit to OSBN via postal mail at: **17938 SW Upper Boones Ferry Rd, Portland OR 97224.**
- All testing accommodations must be approved by the Board prior to being released to test. Allow 3-5 business days for Board staff to review your request and make a determination. Upon approval, the Board will release you to test, if all other application requirements are complete.
- All information included in your request is confidential. Only the information needed to provide the accommodations as requested will be shared with the testing service.

## Section 2: Required Documentation

1. This form (LIC-614), describing your documented disability and how it impairs your ability to test, and the accommodation(s) you are requesting; and
2. Documentation on official letterhead from a qualified health provider or learning specialist that states the diagnostic studies/analysis completed, the confirmed diagnosis, the specific type of disability, and the accommodations needed to test related to the type of disability. Document must include the original signature of the health provider/learning specialist, along with their title and contact information.

## Section 3: Applicant Information

Last Name:		First Name:	
Middle Name:	Date of Birth: (mm/dd/yyyy)	/ /	Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male
Address:			
City:		State:	Zip:
Email:		Country:	
Primary Telephone: <input type="checkbox"/> Unlisted		Secondary Telephone: <input type="checkbox"/> Unlisted	
I prefer to be contacted by: <input type="checkbox"/> telephone <input type="checkbox"/> email <input type="checkbox"/> postal mail			

**Notice to Applicants with Disabilities:** If you have a disability and require special materials or assistance to complete this request, please contact OSBN at 971-673-0685. If you are hearing impaired, you may contact OSBN through the Oregon Relay Service at 1-800-735-2900.



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**Section 4: Eligibility Information-** Attach additional pages if needed to complete this section.

**All required documentation is included with this accommodations request** (see page one, Section 2).

1. Explain the nature and extent of your disability and how it impairs your ability to take the examination.

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2. Describe the testing accommodation(s) you are requesting.

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**Section 5: Authorization**

I understand I have a duty to provide the Oregon State Board of Nursing with any updates to information required in this request while it is pending. I hereby certify that I have read this form, and that the information provided is true and correct. I have personally completed this request form. I am aware that falsifying an application, supplying misleading information or withholding information is grounds for denial or discipline of license/certification.

I do not want my name and address shared with non-state agencies or for non-public health planning purposes. I understand this does not apply to requests made to OSBN for public information as authorized by ORS 192.420.

Applicant Signature

Date (mm/dd/yyyy):

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FOR OSBN USE ONLY		
Request Status	OSBN Staff Initials & Review Date	Comments
<input type="checkbox"/> Approved <input type="checkbox"/> Denied		