



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.

## **Section 1: General Information**

- Fill out information on both pages and then provide your signature on the second page. Include your required supplemental documentation as separate file attachments (see Section 2 for more information) and send all to OSBN via email at: [osbn.licenseverifications@osbn.oregon.gov](mailto:osbn.licenseverifications@osbn.oregon.gov)
- All testing accommodations must be approved by the Board prior to being released to test. All applications are processed in the order received. It may take several weeks for the Board to review your request and make a determination. You may be asked to provide additional information to the Board.
- Upon approval, the Board will release you to test provided all other applications requirements are complete. Depending on your request, the testing facility may delay your testing appointment until your accommodation(s) can be provided. Except as provided by ORS 676.308, the Board does not expedite license applications for pending job offers.
- 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:	Primary Phone:
Date of Birth: (mm/dd/yy)	Email:

**NOTE:** OSBN uses the email address on file for all application and licensing renewal notifications. It is your responsibility to keep information on file current with OSBN to ensure receipt.



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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.

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

## **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 understand that this application and any supporting documentation I provide are public documents subject to Oregon public records laws.

Applicant Signature

Date (mm/dd/yy):

FOR OSBN USE ONLY		
Request Status	Review Date	Comments
Approved Denied		

**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.