

APPENDIX N: Certification Examination Reasonable Accommodations Request Form



INTERNATIONAL
ASSOCIATION OF
**Forensic
Nurses**

Exam candidates who have a disability and/or status as an English learner (EL) may request reasonable accommodations. If you wish to request accommodations, complete and submit this form and the appropriate letter(s) below to: certification@ForensicNurses.org

- Disability: Letter (on official letterhead) from an appropriate licensed professional that includes a diagnosis of your disability and specifies your requested accommodation(s).
- EL Status: Letter (on official letterhead) from an instructor or employer verifying that you are an English learner.

Submit at least 45 days before the testing date. The CFNC must approve before you may schedule your exam.

Date:

Last Name:

First Name:

MI:

Address:

City:

State:

Postal Code:

Mobile/Home Phone:

Personal Email Address:

Examination Name:

☐ SANE-A

☐ SANE-P

☐ IPV-C

Disability: List Specific Request

EL Status:

Additional Time Request

I understand the CFNC will use this information to determine eligibility for authorizing a reasonable testing accommodation regarding this examination by the reason of my disability and/or EL status. I understand that the CFNC reserves the right to make additional inquiries before determining to provide the requested accommodations.

I certify that all information in this application and the accompanying documentation is true and correct. I understand that false information may be cause for denial or revocation of certification.

Candidate Signature:

CFNC c/o International Association of Forensic Nurses
certification@ForensicNurses.org

6755 Business Parkway Ste 303

Elkridge, MD 21075

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f 410.626.7804

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