



PO Box 418, Findlay, OH 45840
Local-419-420-1605
Fax-419-422-8328
Toll Free 1-877-851-2355
Web Address-hdmaster.com
Email Address- hdmastereast@hdmaster.com

Innovative, quality technology solutions
throughout the United States since 1985.

The Tennessee Department of Health and the D & S Diversified Technologies Nurse Aide testing program provide reasonable accommodations for applicants with disabilities or limitations that may affect his or her ability to take the Nurse Aide Competency Exam. Accommodations are granted in accordance with the Americans with Disabilities Act.

If you are a candidate with a disability or limitation for which you wish to request an accommodation, please complete both pages of this form and attach the required documentation. This will assist D & S Diversified Technologies in determining appropriate accommodations for you. These documents must be submitted to D & S Diversified Technologies with your Eligibility Verification Form or retest request. Accommodations cannot be provided at the test unless this form and all other documentation are received at the time your Eligibility Verification Form or retest request is submitted. Any specialized equipment required for testing must be provided by the candidate unless previously notified by D & S.

Name: Last First Middle Maiden/Former

Home Address: City: State: Zip:

Home Phone: Work Phone:

Describe your disability and how this substantially limits one or more of your major life activities:

Explain the nature and extent of your disability and how it impairs your ability to take the test:

Describe the accommodations granted to you during your Nursing Assistant Training Program:

Describe the accommodations you are requesting:



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For all requests pertaining to a medical or physical disability, you must submit documentation from a health care provider or learning specialist who rendered a disability or diagnosis. The required documentation must include the following:

- Description of the disability and limitations related to testing.
Recommended accommodation(s).
Name, title, telephone number and signature of the Health Care Provider, Learning Specialist or instructor.

OR if you were granted testing accommodations, due to a learning disability, for tests during your Nursing Assistant Training Program, you must complete this form with your primary instructor of the program verifying these accommodations. The primary instructor must sign this form verifying these accommodations.

D & S Diversified Technologies will consider all requests on a case-by-case basis. It may be necessary for testing staff to speak and correspond with you regarding specific arrangements. Therefore, it is IMPORTANT that you provide a current address and daytime telephone number and keep the staff informed if these change. Any specialized equipment required for testing must be provided by the candidate unless previously notified by D & S.

In order to provide testing accommodations, D & S Diversified Technologies must share the information you provide with the Tennessee Department of Health, the Test Observer, and the Test Site coordinator. The information requested above and any documentation regarding your disability is considered strictly confidential and will be shared only with the parties listed above. Your signature below indicates that you understand this and you give permission to D & S Diversified Technologies to do so.

Applicant Signature: _____ Date: ____/____/____

Signature of Parent or Legal Guardian if a Minor: _____ Date: ____/____/____

I certify that I was the above candidate's primary instructor, and that I provided the accommodations detailed herein during said candidate's Nursing Assistant Training Program.

Primary Instructor Signature: _____ Date: ____/____/____

Primary Instructor Signature: _____ Date: ____/____/____

*Second signature necessary only if primary instructor was different for classroom and clinical training