



**BOARD OF CERTIFICATION
FOR EMERGENCY NURSING™**

Request for Exam Accommodations

If you have a disability covered by the Americans with Disabilities Act, please complete this form and the Documentation of Disability-Related Needs. The information you provide and any documentation regarding your disability and your need for accommodation in testing will be treated with strict confidentiality.

Candidate Information:

Candidate ID #: _____ Requested Test Center: _____

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____

Please select the exam for which exam accommodations are needed:

- Certified Emergency Nurse (CEN®) Exam
- Certified Flight Registered Nurse (CFRN®) Exam
- Certified Pediatric Emergency Nurse (CPEN®) Exam
- Certified Transport Registered Nurse (CTRN®) Exam
- Trauma Certified Registered Nurse (TCRN®) Exam
- Certified Burn Registered Nurse (CBRN) Exam

Please indicate accommodations that are needed (check all that apply):

- Extended Time + 30 minutes (Exam total time = 3.5 hours)
- Extended Time + 50% (Exam total time = 4.5 hours)
- Extended Time + 100% (Exam total time = 6 hours)
- Separate Room
- Reading exam aloud in separate room
- Recorder
- Personal Reader
- Other

Please specify below if **OTHER** was selected for accommodations.

Please Read and Sign:

I give my permission for my diagnosing professional to discuss with BCEN my records and history as they relate to the requested exam accommodation.

Signature: _____ Date: _____

Documentation of Disability-Related Needs

Please have this section completed or by a qualified professional (physician, psychologist, or psychiatrist) to ensure that BCEN is able to provide the required accommodations. A letter from your doctor including the information below is also acceptable documentation.

Professional Documentation

Description of Disability:

Reason for Exam Accommodations:

Signed: _____

Title: _____

License # (if applicable): _____

Address: _____

Telephone Number: _____

Email Address: _____

Date: _____

Upload this form within your exam application when completed.

If you have any questions, please contact BCEN at +1-877-302-BCEN (2236), or by e-mail at bcen@bcen.org.

Excellence. Achievement. Impact.

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