ELSEVIER
HESI Assessment

Request for Distance Testing Accommodation

Please Note: This form is exclusively for candidates requesting accommodation on an Admission exam. Accommodation requests for other exam types should be directed to your school for approval.

To ensure equal opportunity for all qualified individuals as required under the Americans with Disabilities Act (ADA), Elsevier will provide reasonable accommodations for applicants with disabilities. Requestor reserves the right to refuse to engage with such 3rd party vendors; however in doing so acknowledges that this may delay or prevent their ability to take the exam in question in a timely manner. Elsevier will not be responsible for seeking out and securing alternative accommodations if Requestor refuses or rejects working with those 3rd party vendors that Elsevier has secured.

Step 1: Complete the Request for Distance Testing Accommodation(s) Form (below)

Step 2: Obtain disability documentation meeting the following criteria:

- Must be typed or printed on official letterhead and signed by an evaluator qualified to make the diagnosis
- Include name, title, and phone number of medical authority or specialist
- Clearly state the diagnosed disability or disabilities
- Description of the disability which details the extent of the disability, the criteria for the diagnosis, the diagnosis, the type and length of treatment
- Describe the specific accommodation(s) requested, as it pertains to testing
- Completed within the last 5 years

Step 3: Submit this form & supporting documentation to:

https://www.hightail.com/u/HESI-Secure

Important: Use of the website suggested herein is not a guarantee of the documents independently, security of the requestors machine, or the network(s) which the requestors machine may reside when performing the transmission. Elsevier only guarantees the security and confidentiality of the documents after they have been successfully and securely transmitted to Hightail.

Step 4: Do not schedule your testing appointment with Prometric until you have received a response from the Elsevier Special Accommodations Team. Typically, a response to an accommodation request is given within **six (6) weeks**.

Calendar Tip: User can edit year field in the calendar icons below.

Request for Distance Testing Accommodation Form

The following form must be completed and submitted to Elsevier with all additional supporting documentation for your request for test accommodation(s) to be reviewed. All information to be used for the sole purpose of processing testing accommodation requests for HESI Exams administered through Distance Testing.

Personal Information

First Name: Last Name:

Address:

Street Address *Apartment/Unit #*

City *State* *ZIP Code*

Phone: Evolve User Name:

Email:

Prospective School Name:

Prospective School Address:

Program Type: Choose Program Type

Exam Name: Select Exam

Disability, Diagnosis, or Diagnostic Code

Preferred Test Date:

Date of most recent professional evaluation:

Requested Accommodation(s)

Please check all that apply:

Time and One Half		Other Accommodations - please describe below:
Double Time		
Separate Room		
A Reader		
Screen Magnification		

Previous Accommodations

Please answer the following questions and provide a description of the accommodation received or basis for denial.

1. **Have you previously received an accommodation while you were in college (undergraduate or graduate)?** Not Requested

   Describe:

2. **Have you previously received an accommodation on any standardized exam? Select from list.** Choose an option

   Describe:

3. **Have you previously received an accommodation or specialized services in grades K-12, including but not limited to accommodations or specialized services provided as a result of an Individualized Education Plan (IEP) or a 504 Plan?** Choose an option

Name of Educational Institution: _____

Describe: _____

Submission Information

Submit this form and supporting documentation to: https://www.hightail.com/u/HESI-Secure
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Supporting Documentation: You are required to submit supporting documentation from the medical authority or learning institution that rendered a diagnosis of a current substantial limitation to physical or mental (academic) functioning. For a temporary disability, the documentation should clearly indicate the impact of the disability as well as the anticipated length of the recovery.
The verification documentation must be submitted on the official letterhead stationary of the authority or licensed or qualified specialist who has examined the applicant and diagnosed a physical or mental impairment and include the following details:

- ⇒ Recommended accommodation/modification, as it pertains to testing
- ⇒ Description of the disability that details the extent of the disability, the criteria for the diagnosis, the diagnosis, the type and length of treatment and the recommended accommodation
- ⇒ Name, title, and phone number of the licensed or qualified medical authority or specialist
- ⇒ Original signature of the medical authority or specialist
- ⇒ Diagnosis within the last 5 years

Do not schedule your testing appointment with Prometric until you have received a response from the Elsevier Special Accommodations Team. We will require sufficient time to evaluate the request and implement the appropriate accommodations. Typically, a response to an accommodation request is given within **six (6) weeks**. The accommodation itself may take longer to arrange and is subject to availability of staff and resources.

Applicant Authorization

I attest to the fact that the information recorded on this application is true, and if this application is not sufficient, I agree to provide Elsevier with any additional information or documentation requested in order to evaluate my request for accommodations. I also give permission to release to Elsevier a copy of any pertinent information required to establish the need for the accommodation(s) requested herein. If the information provided in support of this application is not sufficient, I authorize Elsevier to obtain additional information from the professionals who treated or evaluated my disability.

I understand that all information that is necessary to process this application must be available to Elsevier a minimum of six (6) weeks prior to my anticipated scheduling date to provide enough time to evaluate and process my request for accommodations. I acknowledge that Elsevier reserves the right to make a final determination as to whether any accommodation is warranted and appropriate. I also understand I am limited to testing in the United States and its territories and may receive limited or no accommodations if I choose to test in an international location.

Applicant Signature: _____ Date: _____

Third Party Release

I understand that Elsevier has contracted with an external panel of expert consultants with whom it may consult to augment its in-house expertise. By submitting my request for accommodations, I provide my consent to Elsevier to share my application and supporting documentation with the Elsevier Accommodation Review Team and/or consultants for review and consideration as deemed necessary by Elsevier.

Applicant Signature: _____ Date: _____