

**INFORMATION ABOUT THE EXAMINATION AND AVAILABILITY OF
ALTERNATIVE ARRANGEMENTS FOR PERSONS WITH DISABILITIES**

General Information

If you are a person with a disability, you have certain rights under the Americans with Disabilities Act (ADA). If you have any questions about your rights under the ADA we encourage you to call the United States Department of Justice, which has an ADA Information Line, at 202/514-0301 (voice) or 202/514-0381 (TDD). These telephone numbers are not toll-free numbers.

About the Examination

The examination, administered by the Board of Examiners for Nursing Home Administrators, is held at the LaQuinta Inn, 2211 Summit Park Lane, Raleigh, NC. The main entrance to this building is accessible to persons with physical disabilities. There is one examination; the "state" examination has a one hour time limit for answering the questions. The exam requires the examinee to read each question, select one answer out of four possible answers provided, and write on the answer sheet the selected answer to each question. If you have any questions about the examination facility or the examinations, please contact Jane A. Baker, Executive Director of the Board, at the Board Office at 919/571-4164.

Alternative Arrangements

The ADA requires this agency to make "reasonable accommodation" for applicants with disabilities in giving this examination. If you are a person with a disability, which may affect your ability to enter the examination facility or to take any portion of the examination, the ADA may require the agency to provide alternative examination arrangements. Although you are not required to inform us of your disability, if you do not, we may be unable to provide for your special needs. Based on the above description of the examination facility and the examination itself, we ask that you inform us of any alternative arrangements you may require to take this examination. Please describe in detail:

(Use additional paper if necessary; please attach to this form.)

Dated: _____ Signature: _____

**IF YOU ARE REQUESTING ALTERNATIVE ARRANGEMENTS BASED ON A
DISABILITY PLEASE SUBMIT THIS FORM.**