



Board of Nephrology Examiners

Nursing & Technology

100 South Washington Street, Rockville, MD 20850

Phone: (202) 462-1252

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BONENT Documentation of Disability-Related Needs

Please complete this form and mail it to the BONENT Executive Office with the required documentation and the *Application for Certification* materials. Accommodations for testing will be made based on needs specified below.

This Section to be Completed by the Candidate:

Candidate Name _____ Social Security Number _____ - ____ - _____

Home Address _____

Day Phone Number _____ Evening Phone Number _____

Email _____ Signature _____

This Section to be Completed by the Physician / Health Care Practitioner:

Physician / Health Care Practitioner Name (*Print*) _____

License # _____ Phone _____ Fax _____

Office Address _____

Length of time as a Patient's Physician _____ Date of Patient's Last Visit _____

Disability Information

Diagnosis _____ Date of Onset of Diagnosed Condition _____

Specific Learning Disabilities (Check those that apply):

Reading Disability (Identify) _____

Mathematical Disability (Identify) _____

Written Language Disability (Identify) _____

Other Cognitive Disability (Please list)

Identify accommodations required to support the diagnosed disability (check those that apply):

Extended Time Private Room Reader Accessible testing site

Other (please describe) _____

Documentation Required by BONENT

Please provide **official documentation** supporting the clinical diagnosis.

Physician/Healthcare Provider Signature _____ Date _____