

Request for Test Accommodations

The National Board of Medical Examiners® (NBME®) processes requests for test accommodations on behalf of the USMLE program

In order for us to process your request:

- You must have a completed registration for the USMLE for which you are requesting accommodations and your scheduling permit should be placed on hold.
- Complete all sections of this request form; submit the form and all required documentation to Disability Services. Submitting this request form along with your documentation constitutes your official notification to us of your request for accommodations.
- Review the USMLE Guidelines for Test Accommodations at www.usmle.org/step-exams/test-accommodations/guidelines for a detailed description of how to document a need for accommodations based on an impairment that substantially limits one or more major life activities.
- Disability Services will acknowledge receipt of your request by e-mail and audit your submission for completeness. If you do not receive an e-mail acknowledgement within two business days of submitting your subsequent request, please contact Disability Services at 215-590-9700, or disabilityservices@nbme.org.
- The outcome of our review will not be released via telephone. All official communications regarding your request will be made in writing. If you wish to modify or withdraw a request, contact Disability Services at disabilityservices@nbme.org.

As explained in the Guidelines to Request Test Accommodations (<https://www.usmle.org/step-exams/test-accommodations/guidelines>), you must provide supporting documentation verifying your current functional impairment.

Submit the following with this form:

- ✓ A personal statement describing your disability and its impact on your daily life and how your impairment interferes with your ability to access the examination under standard conditions.
- ✓ A completed Certification of Prior Test Accommodations form if you received test accommodations in medical school/residency.

- ✓ A report of evaluation and/or appropriate records from a qualified evaluator/treating professional documenting your disability.
- ✓ Supporting documentation such as academic records; score transcripts for previous standardized exams; verification of prior academic/test accommodations; relevant medical records; previous psycho- educational evaluations; faculty or supervisor feedback; job performance evaluations; clerkship/clinical course evaluations; etc.

Section A: Exam Information (Please type or print.)

A1. Place a check next to the examination(s) for which you are **currently registered** and requesting test accommodations: (Check all that apply):

- Step 1
- Step 2 Clinical Knowledge (CK)
- Step 3

Section B: Biographical Information. (Please type or print.)

B1. Name:

Last	First	Middle Initial
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B2. USMLE #: _____ (required)

B3. Email address: _____

B4. Address:

_____ Street

City	State / Province	Zip / Postal Code
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_____ Country

_____ Preferred Telephone Number

B5. Medical School Name:

_____ Medical School Name

Country of Medical School	Date of Medical School Graduation
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Section C: Accommodations Information

C1. Do you require wheelchair access at the examination facility? Yes No

If yes, and you require an adjustable height computer table, indicate the number of inches required from the bottom of the table to the floor: _____

C2. USMLE Step 1, Step 2 CK or Step 3

Check the appropriate box to indicate the accommodations you are requesting for the exam(s) for which you are currently registered:

STEP 1: Check ONLY ONE box

- Additional break time with shortened test blocks **over 1 day**
- Additional break time with shortened test blocks **over 2 days**

Additional Testing Time

- 25% Additional test time (Time and 1/4) **over 2 days**
- 50% Additional test time (Time and 1/2) **over 2 days**
- 100% Additional test time (Double time) **over 2 days**

Additional Break and Testing Time

- Additional break time and 25% Additional test time (Time and 1/4) **over 2 days**
- Additional break time and 50% Additional test time (Time and 1/2) **over 2 days**
- Additional break time and 100% Additional test time (Double time) **over 4 days**

STEP 2 CK: Check ONLY ONE box

Additional Break Time

- Additional break time with shortened test blocks **over 2 days**

Additional Testing Time

- 25% Additional test time (Time and 1/4) **over 2 days**
- 50% Additional test time (Time and 1/2) **over 2 days**
- 100% Additional test time (Double time) **over 2 days**

Additional Break and Testing Time

- Additional break time and 25% Additional test time (Time and 1/4) **over 2 days**
- Additional break time and 50% Additional test time (Time and 1/2) **over 2 days**
- Additional break time and 100% Additional test time (Double time) **over 4 days**

STEP 3: Check ONLY ONE box

Additional Break Time

- Additional break time with shortened blocks **over 4 days**

Additional Testing Time

- 25% Additional test time (Time and 1/4) **over 3 days**
- 50% Additional test time (Time and 1/2) **over 4 days**
- 100% Additional test time (Double time) **over 5 days**

Additional Break and Testing Time

- Additional break time and 25% Additional test time (Time and 1/4) **over 4 days**
- Additional break time and 50% Additional test time (Time and 1/2) **over 4 days**
- Additional break time and 100% Additional test time (Double time) **over 7 days**

Describe all other accommodation(s) you are requesting. Please note that sporadically adding requests / items to your submission may delay processing of your request.

Section D: Information About Your Impairment (Please type or print.)

D1. List the **specific DSM/ICD diagnostic code(s) and disability** for which you are requesting accommodations and report the year that it was **first** diagnosed.

<u>DIAGNOSTIC CODE</u>	<u>DISABILITY</u>	<u>YEAR DIAGNOSED</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

D2. Personal Statement

📄 Attach a signed and dated personal statement describing your impairment(s) and how a major life activity is substantially limited. The personal statement is your opportunity to tell us how your physical or mental impairment(s) substantially limits your current functioning in a major life activity and how the standard examination conditions are insufficient for your needs. In your own words, describe the impact of your disability on your daily life (do not confine your statement to test performance) and provide a rationale for why the specific accommodation(s) you are requesting are necessary in the context of this examination.

Section E: Accommodation History

E1. Standardized Examinations

- 📄 Attach copies of your score report(s) for any previous standardized examination(s) taken.
- 📄 If accommodations were provided, attach official documentation from each testing agency confirming the test accommodations provided to you.

List the accommodations received for previous standardized examinations such as college, graduate, or professional school admissions tests and professional licensure or certification examinations (**if no accommodations were provided, write NONE**).

	<u>Date(s) Administered</u>	<u>Accommodation(s) Provided</u>
<input type="checkbox"/> SAT®, ACT®	_____	_____
<input type="checkbox"/> MCAT®	_____	_____
<input type="checkbox"/> GRE®	_____	_____
<input type="checkbox"/> GMAT®	_____	_____
<input type="checkbox"/> LSAT®	_____	_____
<input type="checkbox"/> DAT®	_____	_____
<input type="checkbox"/> COMLEX®	_____	_____
<input type="checkbox"/> Other (specify)	_____	_____

E2. Postsecondary Education

List each school and all formal accommodations you receive/received, and the dates accommodations were provided:

- 📄 Attach copies of official records from each school(s) confirming the accommodations they provided.
- 📄 If you receive/received accommodations in **medical school and/or residency**, have the appropriate official at your medical school/residency complete the **USMLE Certification of Prior Test Accommodations** form available at <https://www.usmle.org/step-exams/test-accommodations/forms>.

<u>SCHOOL</u>	<u>ACCOMMODATIONS PROVIDED</u>	<u>DATES PROVIDED</u>
Medical / Graduate / Professional School		
_____	_____	_____
_____	_____	_____
_____	_____	_____
Undergraduate School		
_____	_____	_____
_____	_____	_____
_____	_____	_____

E3. Primary and Secondary School

List each school and all formal accommodations you received, and the dates accommodations were provided:

📄 Attach copies of official records from each school listed confirming the accommodations they provided.

📄 If you receive/received accommodations in **medical school and/or residency**, have the appropriate official at your medical school/residency complete the **USMLE Certification of Prior Test Accommodations** form available at <https://www.usmle.org/step-exams/test-accommodations/forms>.

<u>SCHOOL</u>	<u>ACCOMMODATIONS PROVIDED</u>	<u>DATES PROVIDED</u>
High School		
Middle School		
Elementary School		

Section F: Certification and Authorization

To the best of my knowledge and belief, the information recorded on this request form is true and accurate. I understand that my request for accommodations, including this form and all supporting documentation, must be received by the NBME sufficiently in advance of my anticipated test date in order to provide adequate time to evaluate and process my request.

I acknowledge and agree that any information submitted by me or on my behalf may be used by the USMLE program for the following purposes:

- Evaluating my eligibility for accommodations. When appropriate, my information may be disclosed to qualified independent reviewers for this purpose.
- Conducting research. Any disclosure of my information by the USMLE program will not contain information that could be used to identify me individually; information that is presented in research publications will be reported only in the aggregate.

I authorize the NBME to contact the entities identified in this request form, and the professionals identified in the documentation I am submitting in connection with it, to obtain further information. I authorize such entities and professionals to provide NBME with all requested further information.

I further understand that the USMLE reserves the right to take action, as described in the USMLE *Bulletin of Information*, if it believes that false information or false statements have been presented on this request form or in connection with my request for test accommodations.

Name (print)

Signature

Date

Submitting Your Completed Request Form and Supporting Documentation:

(Do Not Send duplicate documents and Do Not Send by multiple methods as this will delay processing)

- **Please submit your request form and supporting documentation via e-mail or fax.**
- **E-mail:** Send to disabilityservices@nbme.org. Maximum file size is 15 MB (including text in body of email, headers and all attachments). Files larger than 15 MB may require separate emails. All attachments must be in PDF format. Please scan your documents into as few PDFs as possible. Photographs of Personal Items may be in digital format such as JPEGs/JPGs. We are not able to access embedded links.
- **Fax:** Submit your completed request form to (215) 590-9422.

Disability Services NBME

3750 Market Street

Philadelphia, PA 19104-3190

Telephone: (215) 590-9700

Fax: (215) 590-9422

E-mail: disabilityservices@NBME.org