

## United States Medical Licensing Examination® (USMLE®)

### **SUBSEQUENT REQUEST FOR TEST ACCOMMODATIONS**

*Use this form if you were previously provided test accommodation(s) for a USMLE Step Exam*

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

If you have a documented disability covered under the Americans with Disabilities Act (ADA), you must notify the USMLE in writing each time you apply for a Step examination for which you require test accommodations. Submitting this form constitutes your official notification.

- Complete all sections of this request form; submit the form and any required documentation to Disability Services once you have submitted your Step exam application to your registration entity.
- Do not resubmit supporting documentation already provided with a previous request.
- NBME 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 request, please contact Disability Services at 215-590-9700, or [disabilityservices@nbme.org](mailto:disabilityservices@nbme.org).
- Some impairments change over time. You may be asked to submit updated documentation to complete your request. The USMLE Guidelines for Test Accommodations at [www.usmle.org](http://www.usmle.org) provide a detailed description of how to document a need for accommodation.
- Prior receipt of accommodations for a Step exam does not guarantee that identical accommodations are indicated or will be available for all future Step examinations. For example, if you previously received accommodations for Step 1 or Step 2 CK, and are requesting accommodations for Step 2 CS for the first time, your prior supporting documentation may not adequately document your need for accommodations on the clinical skills examination. Please carefully **follow the instructions in Section D on page 4** of this form.
- Requests are processed in the order in which they are received. Processing cannot begin until sufficient information is received by NBME **and** your Step exam registration is complete. Please allow at least 60 days for processing of your request.
- 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 for test accommodations, contact Disability Services by e-mail at [disabilityservices@nbme.org](mailto:disabilityservices@nbme.org) or telephone at 215-590-9700.

USMLE® Subsequent Request for Test Accommodations

**Section A: Exam Information**

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 2 Clinical Skills (CS)
- Step 3

**Section B: Biographical Information**

Please type or print.

**B1. Name:**

\_\_\_\_\_  
Last First Middle Initial

**B2. Gender:**  Male  Female

**B3. Date of Birth:** \_\_\_\_\_

**B4. USMLE #** \_\_ - \_\_\_\_ - \_\_\_\_ - \_\_ (required)

**B5. Address:**

\_\_\_\_\_  
Street

\_\_\_\_\_  
City State/Province Zip/Postal Code

\_\_\_\_\_  
Country

\_\_\_\_\_  
Preferred Telephone Number

\_\_\_\_\_  
E-mail address

**B6. Medical School Name:** \_\_\_\_\_

Country of Medical School: \_\_\_\_\_ Date of Medical School Graduation: \_\_\_\_\_

**Section C: Request Accommodations for a Subsequent Exam**

**C1.** If you received accommodations for a previous **computer-based USMLE exam** (i.e., Step 1, Step 2 CK, Step 3), check the appropriate box below to request accommodations for subsequent **computer-based exam(s)**:


- I am requesting **the same accommodations** previously provided for a computer-based USMLE exam. *(Additional break/test time for Step 3 will extend the exam to 3-5 days depending on the requested accommodation. Contact Disability Services for information.)*
- I am requesting **new/additional accommodations** from those previously provided for a computer-based exam due to a change in the nature or extent of my disability.

Describe the new/additional accommodation(s) you are requesting and the reason for the change:

---

---

---

 **Attach documentation of the change in your disability supporting your request for new/additional accommodations.**

**C2.** If you **received accommodations for a previous Step 2 CS exam**, check the appropriate box below to request accommodations for a subsequent Step 2 CS examination:


- I am requesting **the same accommodations** previously provided for Step 2 CS.
- I am requesting **new/additional accommodations** from those previously provided for a Step 2 CS exam due to a change in the nature or extent of my disability.

Describe the new/additional accommodation(s) you are requesting and the reason for the change:

---

---

---

 **Attach documentation of the change in your disability supporting your request for the new/different accommodations.**

**C3:** 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: \_\_\_\_\_

**Section D: Request Accommodations for Step 2 CS for the FIRST Time**

**D1.** Step 2 CS is a clinical skills examination and a different format from Step 1 and Step 2 Clinical Knowledge (CK). If you previously received accommodations for Step 1 or Step 2 CK, your prior supporting documentation may not adequately document your need for accommodations on Step 2 CS. You must provide documentation of functional impairment in the clinical setting and a rationale to demonstrate that the requested accommodation is appropriate to the clinical setting and Step 2 CS-related tasks. Below, please describe the accommodations you are requesting for each portion of Step 2 CS (i.e., patient encounter, patient note).

If you are requesting additional time, state the amount of **additional** time you require in **minutes per encounter/note**.


Patient Encounter: \_\_\_\_\_


Patient Note: \_\_\_\_\_

**D2.** List your **current** DSM/ICD diagnosis/diagnoses for which you are requesting accommodations for Step 2 CS:


---

---

 **Attach an updated personal statement describing how your disability affects your functioning within the clinical setting and the rationale for the requested accommodations.**

 **Attach objective documentation of functional impairment in the clinical setting (e.g., evaluations from clerkship/ward rotations or clinical courses, results of school-based OSCEs, written feedback from clinical supervisors/faculty, relevant job performance evaluations, etc.).**

**D3. Certification of Prior Test Accommodations**

 If you receive/received accommodations for clinical activities and/or clinical exams (e.g., OSCE) in medical school or residency, the appropriate official at your school/residency must complete and submit the **Certification of Prior Test Accommodations** form available at [www.usmle.org](http://www.usmle.org).

**USMLE® Subsequent Request for Test Accommodations**

**Section E: 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 National Board of Medical Examiners (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 Bulletin of Information, if it determines 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:** \_\_\_\_\_

**E-mail (as a pdf), fax or mail your completed request form and supporting documents to the address below at the same time you submit your Step examination application.**

**Disability Services  
National Board of Medical Examiners  
3750 Market Street  
Philadelphia, PA 19104-3190  
Telephone: (215) 590-9700  
Facsimile: (215) 590-9422  
E-mail: [disabilityservices@nbme.org](mailto:disabilityservices@nbme.org)**