United States Medical Licensing Examination® (USMLE®)

REQUEST FOR ADDITIONAL BREAK TIME/STANDARD TESTING TIME

The National Board of Medical Examiners® (NBME®) processes requests for additional break time on behalf of the USMLE program

**Requests for test accommodations such as additional testing time must be submitted on the *Request for Test Accommodations* form available at www.usmle.org.

Examinees with medical conditions, such as lactation, may apply for additional break time/standard testing time by submitting this form along with a letter from a qualified health care professional documenting the medical necessity of the request.

- Requests should be submitted prior to or at the same time you register for a Step examination. When registering for your exam online, indicate that you will be requesting test accommodations which will place your scheduling permit on hold temporarily while your request is processed.
- If you already have a scheduling permit for a standard examination, contact your registration entity to re-register and place your scheduling permit on hold.
- Complete all sections of this form and submit it together with all required supporting documentation. Supporting documents should by typed, signed, dated and submitted on your health care provider's letterhead. Documentation from a provider that is handwritten and/or on a prescription pad is not acceptable.
- Do not send originals. Please retain the originals of all documentation that you submit as we are unable to return submissions or provide duplicate copies to third parties.
- Incomplete, illegible, or unsigned request forms and/or insufficient supporting documentation will delay processing of your request. Submitting duplicate and/or bound documentation may delay processing of your request.
- Requests are processed in the order in which they are received.
- NBME will acknowledge receipt of your request by e-mail and will audit your submission for completeness. If you do not receive an e-mail acknowledgement within a few days of submitting your request, please contact Disability Services at 215-590-9700. You may be asked to submit additional documentation to complete your request.
- Allow at least 30 days for processing of your request. Processing cannot begin until sufficient information is received by NBME, your registration is complete, and your scheduling permit is on hold.
- 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 additional break time, contact Disability Services by e-mail at disabilityservices@nbme.org or by telephone at 215-590-9700.

Section A: Exam Information

Place a check next to the examination(s) for which you are currently registered and requesting additional break time: (Check all that apply)

- ❑ Step 1: additional break time over 1 day
- ❑ Step 2 CK (Clinical Knowledge): additional break time over 2 days
- ❑ Step 2 CS (Clinical Skills): additional break time over 1 day
- ❑ Step 3: additional break time over 3 days

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

_____

Daytime Telephone Number

_____

Alternate Telephone Number

_____

E-mail address

B6. Medical School Name:_____

Country of Medical School:_____ Date of Medical School Graduation:_____

Section C: Request Information

C1. List the **medical condition(s)** for which you are requesting additional break time:

_____

_____

_____

_____

****For Pregnancy or Lactation,** provide your due date or delivery date:_____

Attached a letter from a qualified health care professional documenting the medical necessity of the request for additional break time. Supporting documents must be typed, signed, dated and submitted on the health care provider's letterhead. Handwritten letters and/or notes on a prescription pad are not acceptable.

C2. Personal Items

Some conditions such as lactation, diabetes, etc., may require the use of a medication or medical device within the secure testing area. List any item(s) you require below. Provide the make, model and photo of **your** item(s).

_____

_____

_____

Attached photo must be of <u>your own</u> personal item(s) that you are requesting to bring with you to the examination, not a generic or catalog photo.

Section D: 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, 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 additional break time. 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 (see "Indeterminate Scores and Irregular Behavior"), if it determines that false information or false statements have been presented on this request form or in connection with my request for additional break time.

Name (print): _____

Signature: _____ Date:_____

What to Submit

✓ Legible copies of all documents, not originals
✓ Typewritten and signed letters and reports from professionals on their letterhead
✓ Complete reports with all pages, signed and dated
✓ All documents in English. You are responsible for providing certified English translations of all non-English documentation

Mail, fax or e-mail (as a pdf) 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