

## 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](http://www.usmle.org).**

Submit this form along with a letter from a qualified health care professional documenting the medical need for additional break time due to a medical or other health condition. Examples include but are not limited to lactation (to express breast milk) and diabetes (to monitor/treat blood glucose).

- 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 temporarily on hold 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 be typed, signed, dated and submitted on your health care provider's letterhead. Documentation from a provider that is handwritten or on a prescription pad is not acceptable.
- 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.
- Requests are processed in the order in which they are received. Please allow at least 30 days for processing of your request for additional break time. 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](mailto: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 is administered over 1 day)
- Step 2 CK (additional break time is administered over 2 days)
- Step 2 CS (additional break time is administered over 1 day, expect to skip an encounter after lunch and make up the encounter at the end of the day)
- Step 3 (additional break time is administered 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

\_\_\_\_\_  
Preferred 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/health condition(s)** for which you are requesting additional break time:


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

 **Attached a letter from a qualified health care professional documenting the medical need 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

Please refer to <http://www.usmle.org/test-accommodations/PIEs.html> for a list of Personal Items that are permitted in the secure testing area (subject to inspection) due to a medical need. If you require use of a personal item during your exam that is NOT on the pre-approved list, please describe the item(s) you require below. Provide the make, model and photo of the specific item(s) you are requesting to bring and use.

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 **Attached photo must be of your own 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, 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: \_\_\_\_\_

**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)