

# REQUEST FOR TEST ACCOMMODATIONS APPLICATION

I, Name:

NBOME ID#:

certify that I am pregnant or lactating, and request that the National Board of Osteopathic Medical Examiners, Inc. (NBOME) provide accommodations for me for the following COMLEX-USA examination (select only one):

Level 1

Level 2-CE

Level 2-PE

Level 3

I acknowledge that I have read and understand the eligibility requirements for test accommodations under ADA and NBOME's instructions to request accommodations. I also acknowledge that I have access to, have read or had the opportunity to read the current COMLEX-USA Bulletin of Information (BOI), including the purpose and description of the COMLEX-USA examination and the NBOME Terms and Conditions set forth in the BOI.

I agree to the NBOME Terms and Conditions set forth in the BOI.

## Supporting Documentation

Indicate type of supporting documentation provided:

Pregnancy

Lactation

Attach a letter from a qualified health care professional documenting the medical need for accommodations. 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.

## Certification and Authorization

I, the undersigned candidate requesting an accommodation under the ADA, certify, under penalty for perjury, that all the foregoing representations and accompanying documentation are true and complete.

Candidate's Signature:

Date:

## CURRENT CONTACT INFORMATION

College of Osteopathic Medicine:

Address:

City:

State/Province:

Zip Code:

Email:

Phone: