## Petition for Exception to COMLEX-USA Attempt Limit Policy

The NBOME limits the total number of times an examinee can take the same Level of the COMLEX-USA examinations (Level 1, Level 2-CE and Level 3). Effective as of July 1, 2022 an examinee is ineligible to take a Level if the examinee has made **four or more prior attempts** to pass that Level, potentially including incomplete attempts as determined by the Special Circumstances and Adverse Testing Conditions Team.

While it is important to allow unsuccessful examinees an opportunity to retake an examination after remediating their deficiencies, it is equally important to minimize the risk that an unqualified examinee could obtain a passing outcome by virtue of the fact that some measurement imprecision occurs in the scoring of all standardized exams. Specifically, it is possible that as a result of even a small amount of measurement imprecision, an unqualified examinee who is given many opportunities to retake an examination could inappropriately receive a passing outcome. One way of reducing the impact of this problem is to limit the number of times an examinee can retake an examination to a number that is likely to allow most qualified examinees adequate opportunity to demonstrate their knowledge and skill.

The only exception to the attempt limit policy identified by the NBOME allows for a on e - t i m e s i n g l e additional attempt beyond the four attempt limit at the explicit request of a state licensing authority. This policy exception recognizes COMLEX-USA is intended to support state medical boards' licensing decisions. Therefore, the NBOME will accept a request from a medical licensing authority to allow one additional attempt on a Level beyond the limit of four for an individual student/graduate with a *reasonable nexus with that state (e.g., resides in state, attended or completed medical school or post-graduate training in state, was born in state or is a former resident, intends to practice in state)* who would be *eligible for licensure in that jurisdiction if* they passed the COMLEX-USA examination after more than four attempts on that Level and met all other licensing requirements.

Please print this attached form on the board's official letterhead and mail it to the Vice President for Administration and Chief Operating Officer of the NBOME at the following address:

Vice President for Administration/COO 101 W. Elm Street, Suite 230 Conshohocken, PA 19428

## Petition for Exception to COMLEX-USA Attempt Limit Policy

The NBOME limits examinees to four attempts (including incomplete attempts) at each Level of the COMLEX-USA examination series. One exception to this policy allows for one additional attempt beyond the four attempt limit at the explicit request of a medical licensing authority.

The NBOME will accept a request from a medical licensing authority to allow a one-time, single additional attempt on a Level beyond the four attempt limit for an individual student/graduate with a **reasonable nexus with that state** (e.g., resides in state, attended or completed medical school or post-graduate training in state, was born in state or is a former resident, intends to practice in state) who would be **eligible for licensure in that jurisdiction** if they passed the COMLEX-USA examination after more than four attempts on that Level and met all of the state's other licensure requirements.

Jurisdiction:	Name of Licensing Authority:
Physician Information:	Name of Candidate/Physician:   Date of Birth:   NBOME ID Number:
Nexus with State	The Physician named above has the following nexus with the above named state (e.g., resides in state, attended or completed medical school or post-graduate training in state, was born in the state or is a former resident, intends to practice in state):
State Licensing Authority Certification:	I have been fully informed of the individual's prior examination history. Candidate would be eligible for licensure in this jurisdiction if they passed the COMLEX-USA examination after more than four attempts and met all other licensure requirements. I certify that I am authorized to present this request on behalf of the medical licensing authority. Signature: Date: Name (Print): Title:

## Please print this form on official letterhead and mail as directed below.

Mail petition to: Vice President for Administration/COO, 101 W. Elm Street, Suite 230 Conshohocken, PA 19428