

**NATIONAL BOARD OF OSTEOPATHIC  
MEDICAL EXAMINERS, INC.**

**REQUEST FOR TEST ACCOMMODATION**

**Instructions and Forms**

**COMLEX-USA EXAMINATIONS  
Level 1, Level 2-CE, Level 3**

The National Board of Osteopathic Medical Examiners, Inc. (“NBOME”) provides reasonable and appropriate accommodations in accordance with the Americans with Disabilities Act (“ADA”) for individuals taking an NBOME examination who provide the required documentation showing that he or she is “Disabled” within the meaning of the ADA (see definitions below).

If you meet the requirements of the ADA, and desire an accommodation while taking the COMLEX-USA Level 1, Level 2-CE, or Level 3 Examination administered by the NBOME, you may request an accommodation, using the Request for Test Accommodation and Osteopathic Medical School Questionnaire forms accompanying these instructions, and providing the required documentation to access your eligibility.

Carefully read the following instructions. You should also consult the NBOME Bulletin of Information and Policies & Procedures for ADA Accommodations at the NBOME website ([www.nbome.org](http://www.nbome.org)) for additional and updated information.

## **INSTRUCTIONS**

1. Complete and sign the attached Request for Test Accommodation. The application must be clearly legible (typed or printed).
2. Obtain from your medical school/college a completed and signed Osteopathic Medical School Questionnaire, using the form attached.
3. Obtain **ALL** necessary documentation from qualified professional(s) who evaluated your impairment. See DOCUMENTATION below.
5. Submit the completed Request for Test Accommodation, the completed Osteopathic Medical School Questionnaire, and all required documentation to the Candidate Services Coordinator, National Board of Osteopathic Medical Examiners, 8765 W. Higgins Road, Suit 200, Chicago, Illinois 60631-4174.
6. You should retain a copy of your request and all documentation. You should also send your request and all documentation by a traceable or return-receipt means to provide proof of submission. (Facsimile transmission of your request or documentation is not acceptable unless specifically authorized in writing by the NBOME.)
7. You may not schedule a date to take the examination with a test accommodation unless and until you are notified by the NBOME that a test accommodation will be provided. See SCHEDULING below.

**\*NOTE: review of a request for an accommodation will not begin until all documentation is submitted. Review can take up to eight (8) weeks.**

## **ELIGIBILITY**

A candidate may be qualified for an accommodation under the ADA if he or she has “a physical or mental impairment that substantially limits one or more major life activities of such individual.”

A “major life activity” is an activity that is “of central importance to most people’s daily lives” (e.g., walking, seeing). A candidate is “substantially limited” by his or her physical or mental impairment if he or she is unable to perform a “major life activity” that the average person in the general population can perform or is significantly restricted as to the condition, manner or duration under which he or she can perform that “major life activity” as compared to most people in the general population.

If the candidate has a physical or mental impairment that “substantially limits” one or more of his or her “major life activities,” he or she has a “disability” for which an accommodation may be appropriate under the ADA (“Disability”), provided the candidate makes timely request to the NBOME for an ADA accommodation and sufficiently documents his or her disability and need for the requested accommodation.

Even though the candidate has a Disability, the NBOME is not required to accommodate that individual if the accommodation would fundamentally alter the nature of the performance evaluation program or what the examination is intended to measure, or would unreasonably burden the NBOME or other candidates.

## **REQUIRED SUPPORTING DOCUMENTATION**

In addition to the completed and signed Request for Test Accommodation and Osteopathic Medical School Questionnaire, the candidate must submit the following documentation relevant to his or her impairment and Disability:

1. Evaluations from qualified professional(s) explaining in detail the following:
  - a. Formal diagnosis of the physical or mental impairment.
  - b. Identification of each major life activity (an activity that is important to most people in their daily lives) limited by the candidate’s impairment.
  - c. How the impairment substantially limits that major life activity/activities as compared to most people in the general population.
  - d. The specific accommodation that is necessary to make the examination accessible to the candidate.
  - e. Why the recommended accommodation is necessary.
2. The date(s) of the assessment of the candidate’s impairment (the most recent assessment date must be no more than three (3) years prior to the request date when necessary for evaluation).

3. A clear and comprehensive description of the specific diagnostic criteria and the names of all diagnostic tests used, including date(s) of evaluation, a list of specific test results in standard score format and a detailed interpretation of the test results in support of the diagnosis (the tests used must be reliable, valid and standardized to an adult population).
4. All educational, developmental and medical history relevant to the candidate's impairment.
5. A description of the treatment, if any, that has been prescribed or provided for the diagnosed impairment, and whether the candidate has been tested while under treatment or not or both.
6. A detailed history of treatment provided to the candidate by the evaluating professional and others.
7. The qualifications of the evaluating professional.

**\* NOTE: If all pertinent detailed documentation and information listed above is not submitted with the request for a test accommodation, the request is incomplete and may not be considered by the NBOME.**

### **CONSIDERATION PROCESS**

Before a request for a test accommodation will be considered, the Request for Test Accommodation, the Osteopathic Medical School Questionnaire, using the forms included with this application, must be completed and submitted to the NBOME office, with all required supporting documentation.

The candidate is responsible for obtaining all required documentation, including all costs of providing documentation. The NBOME reserves the right to request additional documentation, which shall be provided by the candidate at his or her cost.

The NBOME may verify all information and documentation provided by or for the candidate. If a candidate misrepresents any information provided to the NBOME in connection with his or her application to take an examination or a request for a test accommodation, the NBOME in its sole discretion, may revoke or deny his or her eligibility to take any examination administered by the NBOME.

### **RECONSIDERATION OF DENIED TEST ACCOMMODATION REQUEST**

If a requested test accommodation is denied, the candidate may request a reconsideration **only if new and compelling information** supporting the request that was **not previously available** to the candidate is submitted to the NBOME with a written request for reconsideration, provided the request for reconsideration and new information is submitted to the NBOME **prior to scheduling** of his or her examination.

If the new information provided warrants reconsideration of the request, the NBOME will review the new information submitted and notify the candidate whether the requested accommodation will be granted based upon the newly submitted information. The scheduling of the examination will likely be delayed if the candidate requests a reconsideration of the denial of his or her request for a test accommodation.

### **SUBSEQUENT EXAMINATIONS**

Any candidate who has been granted an ADA accommodation to take any COMLEX-USA examination and desires an accommodation to take a subsequent COMLEX-USA examination must complete and submit a new Request for Test Accommodation with his or her application to take the subsequent examination.

If new or additional documentation is available relating to the candidate's Disability, the candidate must submit that documentation to the NBOME with his or her Request for Test Accommodation for the subsequent examination. Documentation that is older than three years must also be updated when necessary for evaluation.

The NBOME may also request additional documentation or information relating to the candidate's impairment or Disability to properly evaluate the request.

### **SCHEDULING**

If a candidate requests an accommodation to take the COMLEX-USA examination, he or she may not schedule that examination until he or she is notified whether an accommodation will be provided.

If and when the NBOME notifies the candidate that a test accommodation will be provided, the candidate must contact the National Board of Osteopathic Medical Examiners by telephone, to coordinate the granted accommodation with the scheduling of the COMLEX-USA Examination.

### **CANCELLATION**

A candidate who is granted a test accommodation and scheduled the accommodated examination must contact the NBOME Candidate Services Coordinator by telephone: 773-714-0622, at least **Five (5) full business days** prior to the scheduled examination date to cancel that examination. Failure to do so may result in the candidate being assessed the costs of the unused accommodation.

If a scheduled examination is cancelled and rescheduled, whether or not an accommodation was granted, the candidate must pay all required cancellation and/or rescheduling fees as stated in the most recent NBOME Bulletin of Information.

**COMLEX-USA LEVEL 1, LEVEL 2-CE OR LEVEL 3 EXAMINATION**

**REQUEST FOR TEST ACCOMMODATION**

**National Board of Osteopathic Medical Examiners, Inc.**

1. Fully read the accompanying instructions. This request and all supporting documentation **MUST BE TYPED OR PRINTED**. Illegible materials will not be considered.
2. Indicate the examination for which this request is made and fully and completely answer all questions (attach additional sheets if more space is needed to properly and fully respond to these questions).
3. Include all required documentation. See **REQUIRED SUPPORTING DOCUMENTATION** accompanying this request form.
4. Submit this completed form and Osteopathic Medical School Questionnaire, and all required supporting documentation to the NBOME, 8765 W. Higgins Road, Suite 200, Chicago, IL 60631-4174, Attn: Candidate Services Coordinator.
5. Keep a copy of this request and all other documents, and submit all documents via a traceable or return-receipt method in order to verify timely delivery

NBOME ID #: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone # (Day): \_\_\_\_\_

\_\_\_\_\_

Phone #(Evening): \_\_\_\_\_

\_\_\_\_\_

Email Address: \_\_\_\_\_

**I request an accommodation for the following COMLEX-USA Examination:**

**Level 1**

**Level 2-CE**

**Level 3**

In support of this request, I certify that the following information is true and complete:

1. Impairment. Has a qualified professional determined that you have a physical or mental *impairment* that *substantially limits* one or more of your *major life activities* (*i.e., activities that "are central to most people's daily lives"*) ("Impairment")? Yes  No . If so,

(a) Described each Impairment: \_\_\_\_\_  
\_\_\_\_\_

(b) Identify each major life activity that is substantially limited by your Impairment:  
\_\_\_\_\_  
\_\_\_\_\_

(c) Describe in detail how *and under what circumstances* your Impairment substantially limits your major life activity/activities: \_\_\_\_\_

\_\_\_\_\_.

2. Diagnosis. When was your Impairment diagnosed by a qualified professional? \_\_\_\_\_ . For each diagnosis or treatment of your Impairment by a qualified professional, please separately describe the following:

(a) The name and qualifications of professional(s) diagnosing or treating your Impairment:

\_\_\_\_\_.

(b) All treatment, medication and/or remediation you have received for your Impairment:

\_\_\_\_\_.

(c) Were you ever informed that you do not have the Impairment? Yes  No . If so, state when you were told, the name, address and qualifications of the professional or other person expressing such diagnosis or opinion, and attach any documentation pertaining to that diagnosis or opinion: \_\_\_\_\_

\_\_\_\_\_.

3. Corrective or Mitigating Measures. Has any corrective or mitigating measure (other than as described in 2(b) above) for your Impairment been provided, prescribed or recommended? Yes  No . If so, describe all such corrective and/or mitigating measures received or recommended for your Impairment, including dates, nature and results:

\_\_\_\_\_.

4. Accommodation(s) Requested. Describe the accommodation(s) that is/are necessary to provide to you access to the examination: \_\_\_\_\_

and state in detail all reasons you believe this accommodation(s) is/are necessary: \_\_\_\_\_

\_\_\_\_\_.

5. Prior Accommodation(s). Have you ever previously applied for or received an accommodation for your Impairment? Yes  No . If so, describe all accommodations previously provided, including the date(s) the accommodation was provided and the identity of the school(s) or testing agency/agencies providing you with the accommodation:

(a) Accommodation(s) provided in educational setting prior to medical school/college:

\_\_\_\_\_.

(b)Accommodation(s) provided in medical school/college: \_\_\_\_\_

(c)Other accommodation(s) provided in connection with any examination or test:  
\_\_\_\_\_  
\_\_\_\_\_

(d)Describe all examinations you have taken, if any, without an accommodation, including the date(s) or period(s) the examination(s) was administered, the testing agency, school or college administering such examination, and whether or not you passed or successfully completed the examination without an accommodation: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(e)Have you ever been denied any requested accommodation? Yes  No .

If so, state the date of each such denial, identify the school(s), testing agency/agencies or other entity denying the requested accommodation, and describe in detail the circumstances:  
\_\_\_\_\_  
\_\_\_\_\_

5. Supporting Documentation. Attach all required supporting documentation. See REQUIRED SUPPORTING DOCUMENTATION in the accompanying instructions, the NBOME Policies & Procedures of ADA Accommodation, and Bulletin of Information.

**VERIFICATION, AGREEMENT AND AUTHORIZATION**

I, the undersigned candidate requesting an accommodation under the ADA,

CERTIFY, *under the penalties for perjury*, that all the foregoing representations and accompanying documentation are true and complete, and that the accommodation(s) requested by me is/are appropriate and necessary for me to have access to the COMLEX-USA Examination, and

AUTHORIZE any person, school, testing agency or other entity to release and provide to the NBOME or its representative upon the NBOME's request any and all information available relating to my Impairment or the information provided in my request for accommodation, including but not limited to any and all medical, tests, examinations or other records or documents pertaining to me.

Signature: \_\_\_\_\_  
Candidate Name

Printed: \_\_\_\_\_  
Candidate Name

Date: \_\_\_\_\_



**COMLEX-USA LEVEL 1, LEVEL 2-CE, OR LEVEL 3 EXAMINATION**

**OSTEOPATHIC MEDICAL SCHOOL QUESTIONNAIRE**

This questionnaire must be completed and signed by or for the Dean of the osteopathic medical school/college where the Candidate studied osteopathic medicine, and submitted to the NBOME by the Candidate with his or her Request for Test Accommodation.

I, \_\_\_\_\_, as or for the Dean of \_\_\_\_\_, verify that the records of this school/college show that \_\_\_\_\_ (Candidate”),

A. Has the following physical or mental impairment for which an accommodation has been provided: \_\_\_\_\_

B. Has been provided the following accommodation(s) by the school/college: \_\_\_\_\_  
for or in connection with the following testing or activities: \_\_\_\_\_

Documentation Supporting Accommodation

Was the accommodation provided by the school/college based upon a professional diagnosis or documentation provided to the school/college by or for the Candidate? Yes  No .

If so, please describe all diagnostic information and other documentation reviewed and considered by the school/college upon which it based its approval of the accommodation to the Candidate: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
Title: \_\_\_\_\_

\*\*\*\*PLEASE TYPE OR PRINT BELOW\*\*\*\*

Name of Dean: \_\_\_\_\_ Representative: \_\_\_\_\_

Business Address: \_\_\_\_\_ Business Phone \_\_\_\_\_  
\_\_\_\_\_ Business Fax \_\_\_\_\_  
\_\_\_\_\_