



## Section B: Nature of Disability

8. Indicate the **nature of the disability** and the **year** it was first professionally diagnosed (select all that apply):

Sensory Impairments:

Hearing Disability \_\_\_\_\_

Visual Disability \_\_\_\_\_

Learning Impairments:

Reading Disability \_\_\_\_\_

Writing Disability \_\_\_\_\_

Mathematics Disability \_\_\_\_\_

Other: \_\_\_\_\_

Language Impairments:

Receptive Language Disorder \_\_\_\_\_

Expressive Language Disorder \_\_\_\_\_

Mixed Receptive/Expressive Language Disorder \_\_\_\_\_

Other: \_\_\_\_\_

Medical Impairments:

Mobility/Motor \_\_\_\_\_

Diabetes/Thyroid Dysfunction \_\_\_\_\_

Epilepsy/Neurological \_\_\_\_\_

Other: \_\_\_\_\_

Mental Health /Executive Function Impairments:

Anxiety Disorder \_\_\_\_\_

Mood Disorder/Depression \_\_\_\_\_

Attention Deficit Hyperactivity Disorder \_\_\_\_\_

Other: \_\_\_\_\_

## Section C: Accommodations Information

10. What accommodation(s) are you requesting? Accommodation(s) must be appropriate to the disability:

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11. If you are requesting additional testing or break time, please indicate the amount of time requested (circle no more than one per Step).

### STEP 1:

Additional Break Time over 1 day

Additional Break Time over 2 days

Additional Testing Time – Time and one-half

Additional Testing Time – Double Time

Other (please specify): \_\_\_\_\_

(Continued on the next page)



14. Authorization:

I authorize the National Board of Medical Examiners ( NBME) to contact the entities identified in Section D of this request form, and the professionals identified in the documentation I am submitting in connection with it, to obtain any or all of the following: confirmation, clarification, and/or further information. I authorize such entities and professionals to provide NBME with all requested confirmation, clarification, and further information.

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

**DO NOT SUBMIT:**

- Original documents; keep the original and submit a copy
- Research articles, resumes, curriculum vitas
- Handwritten letters from physicians or evaluators
- Handwritten letters from physicians or evaluators
- Documentation previously submitted to Disability Services
- Documentation previously submitted to your registration entity
- Previous correspondence from Disability Services
- Multiple copies of documentation (i.e., faxed and mailed copies of a document)
- Staples, clips, binders, page protectors, folders, or similar items

*Please note that submitting duplicate documentation and/or bound documentation may delay a decision regarding your request as all documentation must be processed.*

**DO SUBMIT:**

- Legible copies
- All documents in English. You are responsible for providing certified English translations of foreign-language documentation
- Typed or printed letters and reports from evaluators
- Documentation from childhood if you are requesting accommodations based on a developmental disorder, i.e. LD, ADHD, Dyslexia
- Documentation of your functional impairment in activities beyond test-taking
- Documentation of your functional impairment beyond self-report

**Mail your completed questionnaire and documents to:**

**Students / Graduates of US & Canadian Medical Schools  
Testing Coordinator, Disability Services, National Board of Medical Examiners,  
3750 Market Street, Philadelphia, PA 19104-3190.  
215-590-9509**

**Students / Graduates of International Medical Schools  
Test Accommodations Coordinator, Educational Commission for Foreign Medical Graduates  
3624 Market Street, Philadelphia, PA 19104 USA.**

**Please keep a copy of your completed request form for your records.**