

Request for Personal Item(s) Only

USE THIS FORM TO REQUEST a Personal Item(s) not on the Pre-Approved Items List. If you require other accommodations such as testing time or break time, please use the appropriate form and add your item there.

The National Board of Medical Examiners® (NBME®) processes these requests on behalf

*Requests for test accommodations such as additional testing time must be submitted on the Request for Test Accommodations form available on www.usmle.org.

Submit this form to request items necessary to access during testing due to a medical condition such as a breast pump, continuous glucose monitor and receiver, hearing aid devices etc.

- **Requests should be submitted prior to or at the same time you register for a Step examination.** When registering for your exam, 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, please contact your registration entity to re-register and place your scheduling permit on hold.
- If you are requesting personal items other than breast pumps and diabetic supplies, supporting documentation from your treatment provider typed, dated, and on letterhead is needed.
- Disability Services will acknowledge receipt of your request by e-mail. If you do not receive an e-mail acknowledgment within a few days of submitting your request, please contact Disability Services at disabilityservices@nbme.org or 215-590-9700.
- Completed requests are processed within approximately 14 business days for examinees whose permits are on hold.
- All official communications regarding your request will be made in writing. If you wish to modify or withdraw your request, contact Disability Services by mail at disabilityservices@nbme.org.

Section A: Biographical Information (Please type or print.)

A1. Name:

Last	First	Middle Initial
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A2. Date of Birth: _____

A3. USMLE #: _____ (required)

A4. Address:

Street

City	State / Province	Zip / Postal Code
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Country

Preferred Telephone Number

Email Address

Section B: Exam Information. (Please type or print.)

B1. Indicate which exams you are registered for and are requesting the use of a personal medical item: (Check all that apply):

- ☐ Step 1
- ☐ Step 2 CK
- ☐ Step 3

B2. Please list the **Item(s)** being requested that are not on the pre-approved items list <https://www.usmle.org/step-exams/test-accommodations> For items other than a breast pump or diabetic supplies, please submit supporting documentation from a treatment provider for the item(s) requested.

Section C: List the **medical/health condition(s)** for which you are requesting your item(s):

C1.

Section D: Declaration 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 any supporting documentation, must be received by 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 personal items. 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 NBME to contact the entities identified in this request form, and the professionals identified in any documentation I am submitting with it, to obtain further information. I authorize such entities and professionals to provide NBME with all requested further information.

By signing below, I declare that the information I have provided above is accurate and true, and I understand that it may be subject to further verification. I understand that providing untruthful or inaccurate information may result in a finding of irregular behavior, as described in the USMLE *Bulletin of Information*.

Name (print)

Signature

Date

Submitting Your Completed Request Form:

- **Please submit your request form and supporting documentation via e-mail or fax.**
- **E-mail:** Send to disabilityservices@nbme.org. Maximum file size is 15 MB (including text in body of email, headers and all attachments). Files larger than 15 MB may require separate emails. All attachments must be in PDF format. Please scan your documents into as few PDFs as possible. Photographs of Personal Items may be in digital format such as JPEGs/JPGs. We are not able to access embedded links.
- **Fax:** Submit your completed request form to (215) 590-9422.

Disability Services NBME

3750 Market Street

Philadelphia, PA 19104-3190

Telephone: (215) 590-9700

Fax: (215) 590-9422

E-mail: disabilityservices@NBME.org