

QUICK GUIDE TO THE USMLE ACCOMMODATIONS PORTAL



**Accommodations**

USMLE ID: [REDACTED] • First Name Last Name

**Accommodation Requests**[+ New Request](#)

You have no accommodation requests at this time.

What to Know Before Requesting Accommodations

Before beginning your request for test accommodations we recommend you visit [USMLE.org](https://www.usmle.org), where you can find information such as:

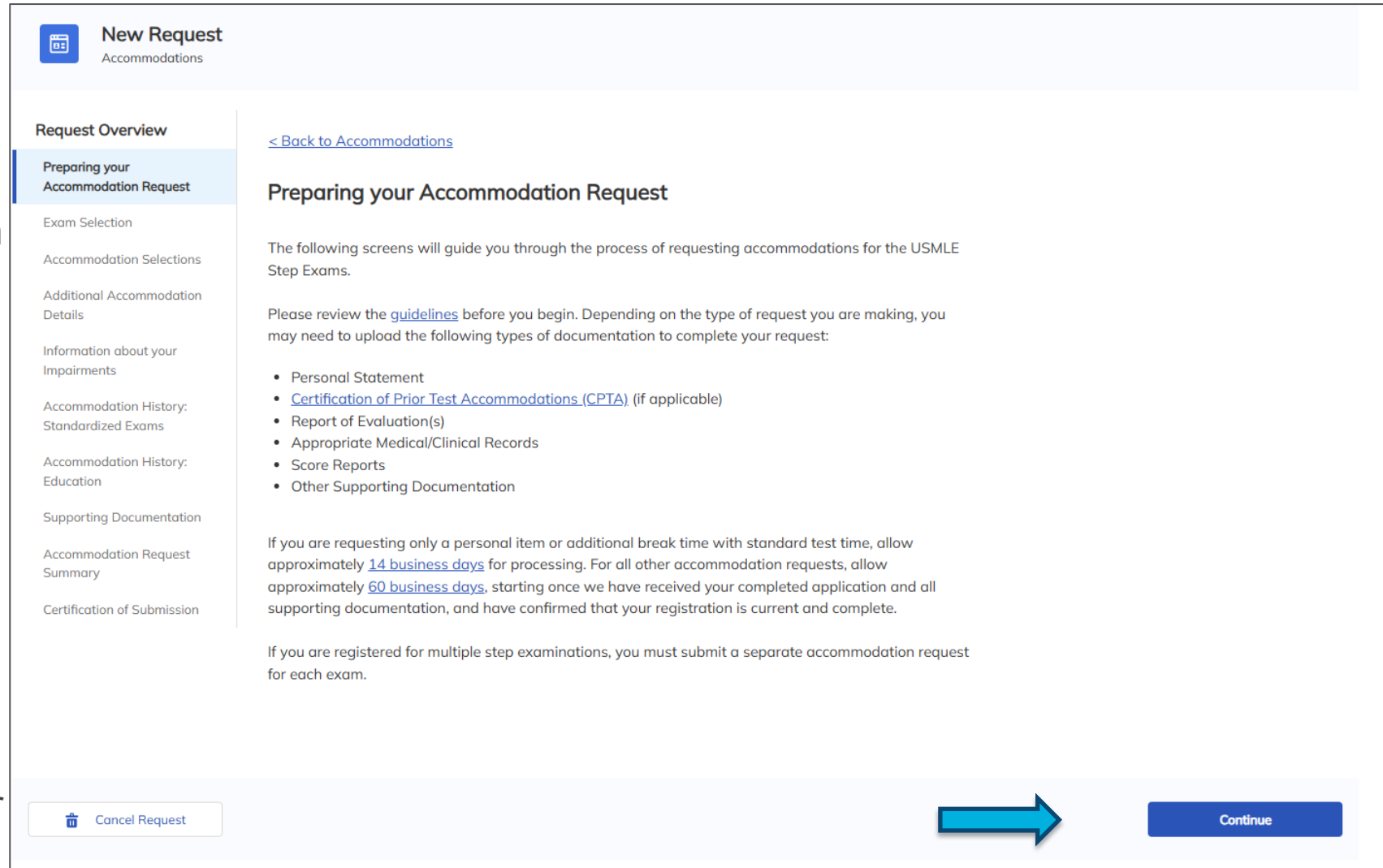
- Processing Time
- Guidelines & Requirements
- Types of Requests
- Nursing/Lactation & Pregnancy Related Info
- Pre-Approved Items
- Common Questions

If you have received accommodations in medical school, you are required to download, complete, and have a school official certify the [Certification of Prior Test Accommodations \(CPTA\) Form](#). You will upload this completed form when submitting your online request for test accommodations.

Refer to the right column for important information regarding requests



Click [+ New Request](#) to begin the process of requesting accommodations on any Step exam



This column displays where you are in the request process screens

If at any point, you want to cancel your request, click



Once you reviewed this information and are ready to proceed, click



New Request
Accommodations

Request Overview

- Preparing your Accommodation Request
- Exam Selection**
- Accommodation Selections
- Additional Accommodation Details
- Information about your Impairments
- Accommodation History: Standardized Exams
- Accommodation History: Education
- Supporting Documentation
- Accommodation Request Summary
- Certification of Submission

Exam Selection

Select the registration for which you are requesting accommodations:

Step 1 Exam

If one registration is available, it will be pre-selected

You can save and close your request by clicking

Click to proceed.

New Request
Accommodations

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Accommodation Selections

* Do you require wheelchair access?
 Yes
 No

* Are you requesting additional test and/or break time?
 Yes
 No

* Do you require wheelchair access?
 Yes
 No

* Are you requesting additional test and/or break time?
 Yes
 No

* Select the accommodation requested for your USMLE Step 1 exam:
 Additional Break Time
 Additional Test Time
 Additional Break Time and Test Time

* Select the time-related accommodation you are requesting:
 Additional break time and 25% Additional test time (Time and 1/4) over 2 days
 Additional break time and 50% Additional test time (Time and 1/2) over 2 days
 Additional break time and 100% Additional test time (Double time) over 4 days

The options will dynamically change based on your selection

or to proceed.

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Additional Accommodation Details

Enter any additional accommodations being requested (i.e., separate testing room, breast pumps or medical equipment, ergonomic equipment, service animal etc.).


Stop-the-clock breaks are not an available accommodation.

Some personal items are on the [pre-approved list](#) and do not require an accommodation. Please visit the USMLE website for a full list of pre-approved items.

Use the field below to enter any **additional** accommodations being requested.

Accommodation 13/80


[+ Add](#)

A  will appear if you want to delete any line after the first one

Enter any additional accommodations here

[Cancel Request](#) [Save and Close](#) [Continue](#)

[Save and Close](#) or [Continue](#) to proceed.

 **New Request**
Accommodations

Request Overview

Preparing your
Accommodation Request

Exam Selection

Accommodation Selections

Additional Accommodation
Details

**Information about your
Impairments**

Accommodation History:
Standardized Exams

Accommodation History:
Education

Supporting Documentation

Accommodation Request
Summary

Certification of Submission

Information about your Impairment(s)


Use the fields below to enter the specific impairment(s) and the year first diagnosed.


* Impairment * Year Diganosed


* Impairment * Year Diganosed


+ Add


Enter your impairments here



(Please note the )


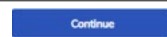





 Cancel Request

Save and Close

Continue

 or  to proceed.



New Request



Accommodations

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Accommodation History: Standardized Exams


If you have received accommodations on standardized tests (not including NBME subject exams), please enter the information below. Copies of score reports from any previous standardized examinations taken, regardless of receiving accommodations, should be included in your uploaded supporting documentation.

Exam	Accommodation Provided	Year Administered	
SAT	separate room 13/80	2013	
None	0/80	None	

+ Add

If you have **not** received accommodations for standardized exams, please confirm below:

I confirm that I have not received accommodations for standardized exams.

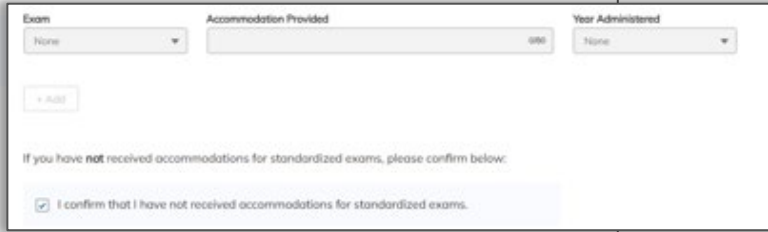
 Cancel Request

Save and Close

Continue

Enter accommodation history - standardized exams here

Checking this box dynamically changes to the screen



Save and Close or Continue to proceed.

New Request

Accommodations

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Accommodation History: Education

Enter the accommodations you received from a previous educational institution. If you have received accommodations in medical school, please provide the information below and have the appropriate official complete the [Certification of Prior Test Accommodations \(CPTA\)](#) form for you to upload.

School Type	School	Accommodation Provided	Start Year	End Year	
Elementary	Elementary School	separate room	2004	2015	
None			Select...	Select...	

[+ Add](#)

If you have **not** received accommodations from an educational institution, please confirm below:

I confirm that I have not received accommodations from an educational institution.

[Cancel Request](#) [Save and Close](#) [Continue](#)

Enter accommodation history - education here

Checking this box dynamically changes to the screen

School Type	School	Accommodation Provided	Start Year	End Year
None			Select...	Select...

[+ Add](#)

If you have **not** received accommodations from an educational institution, please confirm below:

I confirm that I have not received accommodations from an educational institution.

[Save and Close](#) or [Continue](#) to proceed.

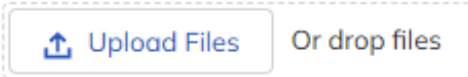
Supporting Documents

Upload all supporting documentation that you would like considered during our review of your new request. Please see the [Documentation Guidelines & Requirements](#) for more information. NOTE: Uploaded documents cannot be password-protected or encrypted.

* Upload Documentation

Acceptable File Types: .pdf, .jpg, .jpeg, .png, .doc, .docx

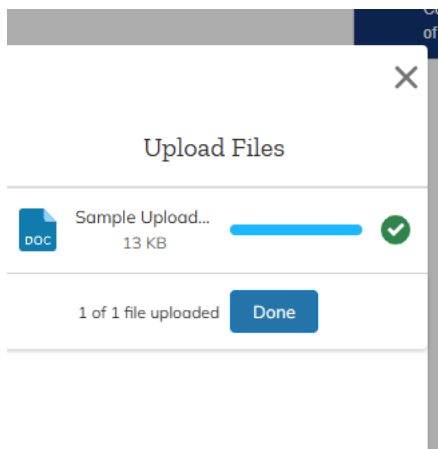
Maximum File Size: 25MB



Upload or drop files

You can upload up to 10 documents at a time (maximum 50).

Sample Upload File.docx 14 KB



Shows the document was uploaded



- 1. Personal Statement**
You can find detailed instructions and specific prompts for drafting your personal statement in the [guidelines](#).
- 2. Certification of Prior Accommodations Form**
If you received accommodations in medical school and/or residency, have the appropriate official at your medical school/residency complete the [USMLE CPTA Form](#) and upload with your supporting documents.
- 3. Clinical / Medical Documentation**
Report of an appropriate evaluation; Letters from qualified treatment and/or evaluating professionals; Diagnostic reports; Treatment plans; Other relevant clinical/medical records.
- 4. School Records**
Examples: Report cards; Academic transcripts; Section 504 plans; Individualized Education Programs (IEPs); Written verification of accommodations; Written feedback from teachers.
- 5. Standardized Exam Records**
Examples: Score reports for prior standardized exams, regardless of receiving accommodations. ***Include MCAT score report if taken.** If accommodations were provided, attach official documentation from each testing agency.
- 6. Other Supporting Documentation**
Examples: Employment/work records; Relevant observations from third parties of how your impairment impacts your daily life functioning; Other records demonstrating how your condition substantially limits your ability to perform functions that are relevant to the USMLE.

Reminders for you



[Save and Close](#)

or [Continue](#) to proceed.



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Supporting Documentation


**Accommodation Request
Summary**

Certification of Submission

Accommodation Request Summary

Please carefully review your accommodation request summary. If necessary, click the corresponding "Edit" button to return to that section to update.



Review the request summary
(scrolling down to see all sections)
You can revisit any section by
clicking the  button

Exam and Eligibility Period

Exam

STEP1

Eligibility Period

August 2026 - October 2026

Accommodation Selections

 Edit

Do you require wheelchair access?

No

Are you requesting additional test and/or break time?

Yes

Save and Close

or  to proceed.



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Certification of Submission

I acknowledge and agree that any information submitted by me or on my behalf may be used by NBME and/or the USMLE program to:

- Evaluate my eligibility for accommodations using internal and potentially externally qualified independent reviewers.
- Conduct research. In any research published by the USMLE program, examinees will not be identified; information that is presented in research publications will be reported only in aggregate.

I authorize NBME to contact the entities identified in this submission, and the professionals identified in the documentation I am submitting in connection 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 is accurate and true, and I understand that the information may be subject to further verification. I further understand that the USMLE program reserves the right to take action, as described in the [USMLE Bulletin of Information](#), if it believes that false information or false statements (whether by Artificial Intelligence (AI) or otherwise) have been presented on this request form or in connection with my request.

Signature
Please type your full name to certify your submission

Date
mm/dd/yyyy

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Signature
Examinee

Date
05/13/2026



You must check all three (3) boxes and enter your full name before the Submit button will be active.



This will display to confirm your request was submitted

Once active, you can your request!
Well done!

Accommodation Request Received
Your request has been submitted. Disability Services will notify you if more information is needed.



Accommodations

USMLE ID: [REDACTED] • First Name Last Name

Accommodation Requests

[+ New Request](#)

You may not request test accommodations until you [apply for USMLE](#).

USMLE Step 1 Accommodation Request



Submitted | 05/13/26

Eligibility Period Aug 2026-Oct 2026

[Actions](#) ▼[View Request Summary](#)

Your landing page will show your request status, eligibility period and request summary

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