



Written Examination Test Accommodation Request

Part I, Part II, Part III, & Physiotherapy

**Request form available online at
www.mynbce.org**

Send request form and other documentation to:

**NBCE – Test Accommodations
901 54th Ave
Greeley CO 80634**

Completing the Test Accommodation Request

You must complete a Test Accommodation Request form **each time** you apply for an NBCE examination, even if you have received test accommodations for previous written examinations.

If you need test accommodations for a documented disability or require a courtesy for a temporary situation (injury, broken limb, etc.), you must complete a Test Accommodation Request form. Read and follow these instructions carefully. Avoid unnecessary delays by completing all sections. If you have any questions regarding this form or the disability report, contact the Examinee Communications Specialist at 800-964-6223, ext. 197.

Instructions:

- Review the brochure *NBCE Test Accommodations Guidelines for Written Examinations* before completing this form.
- Complete the required sections of the current request form. (See chart on Page 3 to confirm which sections must be completed.) You must submit all forms before the application deadline for the current examination administration. The NBCE will not accept forms that are incomplete or that are received after the deadline.
- When submitting the Test Accommodation Request form, you must also include a current comprehensive disability report. If you send an incomplete or outdated disability report, it will be returned for correction if time permits. The NBCE does not provide special consideration for late requests for accommodations that cause denial letters to be sent after the application deadline. Once you are notified that your request is incomplete, it is your responsibility to get any supplemental information to the NBCE by the application deadline for the current examination administration. *If you have previously been approved for test accommodations for the NBCE written examinations, and are requesting the same accommodations, the disability report is not required.*

The NBCE asks for 20 business days to process your request and reply with an approval or denial. If the NBCE receives your request 20 days or fewer before the application deadline for the current examination administration, and your request is incomplete or denied for any reason, you may not have time to resubmit the additional documentation required. If this occurs, you could be denied test accommodations for that administration. Please see Page 2 of the *NBCE Test Accommodations Guidelines for Written Examinations* in the "Request for Reconsideration" section for more information about request denials.

- When submitting the Test Accommodation Request form, a qualified/licensed evaluator who diagnosed your disorder/condition must complete the evaluator review found in Section VIII of this form. The evaluator should be familiar with the impact that your diagnosis has on a major life activity that affects your ability to perform on the NBCE written examinations (Part I, Part II, Part III, and Physiotherapy.) *If you have previously been approved for test accommodations for the NBCE written examinations, and are requesting the same accommodations, the evaluator review is not required.*
- Review the chart on Page 3 to ensure that you have completed all of the required documentation for your individual circumstances.
- Mail all completed forms, reports, and pertinent information by the application deadline to:

NBCE - Test Accommodations

901 54th Ave
Greeley, CO 80634

Other Information:

- Late forms will not be accepted.
- If this is the first time you are being evaluated for your disability, it is helpful to give the "Guidelines for Acceptable Documentation" to your evaluator so he/she will know what to include in the report.

Required Documentation

	Section I: Examinee Information	Section II: Courtesy Requested	Section III: Diagnosed Disability	Section IV: Accommodations Requested	Section V: Personal Statement	Section VI: Authorization	Section VII: Evaluator Review	Disability Report: See Pages 3-5 of Guidelines
The NBCE requires different documentation for test accommodations depending on the examinee's circumstances. Please review the tables below and submit the documentation as indicated.	X		X	X	X	X	X	X
1. I have not previously been approved for accommodations on the NBCE written examinations.	X		X	X*		X		
2. I have previously been approved for accommodations on the NBCE written examinations and I would like to receive those same accommodations again during this administration of the examinations.	X		X	X	X	X	X	X
3. I have been previously approved for accommodations on the NBCE written examinations, but I would like to request <u>new or additional</u> accommodations for this administration of the examinations.	X	X				X		
4. I would like to request a courtesy (injury, broken limb, etc.).	X							
5. I was denied testing accommodations on past NBCE examinations and would like to receive accommodations on this administration of the examinations.	X		X	X	X	X	X	X

* Please make sure to request the same accommodations as you have previously received. If you would like to request new or additional accommodations, see option 3.

Test Accommodation Request Written Examinations

For NBCE use only

Date Received: _____

Subjects: _____

Complete the request form (Pages 4-7) **every time** you apply for an examination for which you would like to request accommodation(s). Attach a disability report and the evaluator review if you have not previously been approved for accommodations or are applying for additional accommodations. Mail this request form by the application deadline of the examination for which you are applying.

To request a temporary courtesy, complete Section I, Section II, and the Authorization on Page 6. Mail this request form by the application deadline of the examination for which you are applying.

SECTION I: Examinee Information

Name: _____ NBCE examinee #: _____
Last First Middle

Current mailing address: _____

City: _____ State: _____ Zip code: _____

Phone number: _____ (home) _____ (cell)

E-mail address: _____

Date of birth: _____/_____/_____
Month Day Year

Gender (check one): Male Female

Test site requested: _____

What examination administration are you applying for? _____
Month/Year

SECTION II: Courtesy Requested

What are the circumstances requiring you to request a courtesy? (Complete only if applicable. Attach appropriate supporting documentation.)

Broken limb or other injury. Please specify: _____

Other: _____

Specify courtesy requested: _____

SECTION III: Diagnosed Disability

What type of disability do you have? *Please indicate your specific diagnosis from your disability report.*

Section IV: Accommodation(s) Requested

What accommodation(s) are you requesting during the examination?

- Additional time in a quiet environment
 - Part I subjects (90 questions): 25 minutes
 - Part II subjects (90 questions): 25 minutes
 - Physiotherapy (90 questions): 25 minutes
 - Part III: 30 minutes for each of two books

Enlarged print examination booklet

Recording of examination

Other _____

What accommodation(s) have you received in the past for the following examinations?

NBCE examination dates: _____

Accommodation(s) received: _____

Chiropractic school examination and dates: _____

Accommodation(s) received: _____

Undergraduate college examination and dates: _____

Accommodation(s) received: _____

SECTION V: Personal Statement

Your personal statement is **very important!** Please describe, in detail, how your disability affects your daily life outside of the classroom. Write legibly or attach a typed statement.

My disability affects my daily life in the following ways:

My disability affects my education and ability to take standardized WRITTEN examinations in the following ways:

Section VI: Authorization

If clarification or additional information is needed to process my request for accommodations, I hereby authorize the NBCE or its independent professional consultants to contact the professional(s) who diagnosed my disability and/or those entities who have previously granted me test accommodations. I authorize such professionals and/or entities to release documentation and/or to communicate with the NBCE or its independent consultants to discuss my disability documentation. Furthermore, I understand that my application, request form and documentation may be discussed with pertinent NBCE employees or board members if required. I also understand that any documentation or information submitted in support of my request for accommodations will not be disclosed to anyone other than the above mentioned parties without my specific written consent.

By signing this form, I certify that I have read and understand the test accommodations guidelines, the instructions in this request form, and the authorization stated above. I also certify that the information I have provided on this form is true and accurate.

Signature of applicant: _____

Date: _____

SECTION VII: Evaluator Review

This form is to be completed by a qualified/licensed evaluator who diagnosed your disorder/condition and is familiar with its impact on a major life activity which affects your ability to perform on the NBCE exams. Examinees should submit this form with the Test Accommodation Request form and the disability report.

Name of evaluator (please print): _____

Title: _____

Examinee's Diagnosis

Name of examinee (please print): _____

(Please include the required DSM-5 or other diagnostic codes as required in the "Guidelines for Acceptable Documentation" provided by NBCE, if applicable.)

Diagnosis: _____

DSM-5 Code: _____

Did you personally evaluate/treat the examinee? Y or N

If yes, on what date did you last evaluate/treat the examinee? _____

Evaluator's Recommendation

The NBCE written exam consists of three parts and an optional exam (Physiotherapy). Part I and Part II each consist of six subjects that are approximately 75 minutes in duration. Part III consists of two parts, each lasting two hours. Physiotherapy lasts 75 minutes. There are 20 minute breaks between each subject and a one-hour lunch break each day. Please consult with your patient to see what exams they are planning on taking. The tests are all multiple-choice exams which require the examinee to use a pencil to fill in circles on a Scantron answer sheet.

Based on the examinee's disorder/condition and its impact on a major life activity which affects his or her ability to take the NBCE exams under standard conditions, what accommodations would you recommend? Please note that NBCE does not offer an untimed test.

_____ Additional time in a quiet environment

- Part I subjects (90 questions): 25 minutes
- Part II subjects (90 questions): 25 minutes
- Physiotherapy (90 questions): 25 minutes
- Part III: 30 minutes for each of two books

_____ Enlarged print examination booklet

_____ Recording of examination

_____ Other _____

