



## **NBCE Test Accommodation Request**

Part I, Part II, Part III, Physiotherapy  
Part IV

**Request form available online at  
[www.mynbce.org](http://www.mynbce.org)**

**E-mail request form and other documentation to:**

**[accommodations@nbce.org](mailto:accommodations@nbce.org)**

**Or FAX to 877-450-0519**

# Completing the Test Accommodation Request

You must complete a Test Accommodation Request **each time** you apply for an NBCE examination, even if you have received test accommodations for previous 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. Read and follow these instructions carefully. Avoid unnecessary delays by completing all sections. If you have any questions regarding this request or the disability report, contact the Examinee Communications Specialist at 800-964-6223, ext. 197.

## Instructions:

- Review the brochure *NBCE Test Accommodations Guidelines* before completing this request.
- Complete the required sections of the current request. (See chart on Page 3 to confirm which sections must be completed.) The NBCE must receive 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.
- The first time you submit the Test Accommodation Request, 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 If you send an incomplete or outdated disability report, it will be returned for correction if time permits. Once you are notified that your request is incomplete or has been denied, it is your responsibility to get any supplemental information to the NBCE by the application deadline for the current examination administration. *If you have been previously approved for test accommodations for NBCE examinations, and are requesting the same accommodations, the disability report is not required.*

The NBCE asks for 10 business days to process your request and reply with an approval or denial. We recommend that you submit the request as soon as possible to allow time to resubmit additional documentation required if your request is denied or incomplete. We must receive all documentation by the published deadline or you will be denied accommodations for that administration. Please see Page 2 of the *NBCE Test Accommodations Guidelines* in the "Request for Reconsideration" section for more information about request denials.

- When submitting the Test Accommodation Request, a qualified/licensed evaluator who diagnosed your disorder/condition must complete the *NBCE Evaluator Review* (available on [www.mynbce.org](http://www.mynbce.org)). 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 examinations. *This form is not required if you have previously been approved for test accommodations for NBCE examinations, and are requesting the same accommodations.*
- Review the chart on Page 3 to ensure that you have completed all of the required documentation for your individual circumstances.
- E-mail or FAX all completed forms, reports, and pertinent information by the application deadline.

E-mail: [accommodations@nbce.org](mailto:accommodations@nbce.org)

FAX: 970-336-6477 or 877-450-0519

## Other Information:

- Late requests 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.
- If you mail your forms to the NBCE, use the address below. Please use an expedited mailing service to ensure receipt by the published application deadline.

NBCE - Test Accommodations  
901 54th Ave  
Grfeeley, CO 80634

# Required Documentation

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.	Section I: Examinee Information	Section II: Courtesy Requested	Section III: Diagnosed Disability	Section IV: Accommodations Requested	Section V: Personal Statement	Section VI: Authorization	Evaluator Review	Disability Report: See Pages 3-5 of Guidelines
<b>1. I have never been approved for accommodations on the NBCE exams.</b>	X		X	X	X	X	X	X
<b>2. I have previously been approved for accommodations on NBCE exams and I would like to receive the <u>same</u> accommodations during this administration of the examinations.</b>	X		X	X*		X		
<b>3. I have previously been approved for accommodations on NBCE exams, but I would like to request <u>new or additional</u> accommodations for this administration.</b>	X		X	X	X	X	X	X
<b>4. I would like to request a courtesy accommodation for a temporary situation (such as an injury or broken limb) or other minor change to NBCE protocol (e.g., bringing needed medications or modifying seating arrangements).</b>	X	X				X		
<b>5. I was denied testing accommodations on past NBCE exams and would like to receive accommodations on this administration.</b>	X		X	X	X	X	X	X
<b>6. I was approved for accommodations on NBCE written examinations (Part I, II, III, or Physiotherapy) prior to 2018. I am now requesting accommodations for Part IV.</b>	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.



### 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
- Enlarged print examination booklet
- Recording of examination
- Assistance in completing Scantron answer sheets
- 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 (Part I, II, III, and Physiotherapy) exams in the following ways:

(NBCE Parts I, II, III and Physiotherapy are all multiple-choice exams requiring examinee to use a pencil to fill in circles on a Scantron answer sheet. )

My disability affects my education and ability to take standardized PRACTICAL (Part IV) exams in the following ways:

(NBCE Part IV consists of 3 major sections with each of the sections is divided into stations. The three sections are: Diagnostic Imaging DIM, Chiropractic Technique, and Case Management. Please visit [www.mynbce.org](http://www.mynbce.org) to learn more about the format of Part IV.)

## 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: \_\_\_\_\_

By typing my name here, I agree to abide by the policies and procedures of the NBCE for test accommodations.