

Request for Non-Standard Testing Conditions

Use this form to request non-standard testing conditions if you have a temporary disability, a medical need for a personal item not permitted at a test site, or a test conflict due to a religious observance (Page 2). If you are requesting additional time (for instruction or breaks), you **must** submit a Test Accommodation Request prior to published deadlines. We recommend submitting all accommodation requests 30 days prior to the deadline.

Examinee Information

Name: _____ NBCE examinee #: _____
(Last) (First) (Middle)

Current address: _____
(Street) (City) (State) (Zip code)

Date of birth: _____ / _____ / _____ E-mail address: _____
(Month) (Day) (Year)

Phone number: _____ (home) _____ (cell)

Exam and administration (month/year) for which you are applying: _____

Test site requested: _____

Temporary Disabilities/Personal Items

Please visit the MyNBCE website for a list of personal items that are allowed at the test site. Complete this section if you have a need for a personal item not on the list. Also complete this section if you need an accommodation such as a special chair, screen magnifier, left-handed mouse, or other non-standard equipment.

Please describe your injury/illness: _____

Specify accommodation requested: _____

Specify personal item requested: _____

I understand and agree to abide by the policies and procedures of the NBCE and understand that any personal items I bring to the test site are subject to security screening.

Examinee signature: _____ Date: _____

Test Conflict with Religious Observances

Complete the Examinee Information section on Page 1 and the information below. The NBCE will consider modifying an exam schedule when your religious beliefs prevent testing on the regular schedule. If you are requesting a religious exemption for the first time, you must also submit a confirmation form signed by your religious leader.

Religion: _____

Day(s) you are unable to test: _____

Complete for **Part IV** ONLY:

Check your choice: Friday/Saturday rotation or Friday/Sunday rotation

FRIDAY TIME OF SUNDOWN at first choice of test site (if applicable): _____

Due to my religious exemptions, I respectfully request that the National Board of Chiropractic Examiners modify my exam schedule to avoid testing on my holy day. I understand and agree to abide by NBCE policies and procedures regarding scheduling exceptions.

Examinee signature: _____

Date: _____

Submission Instructions

The NBCE must receive your complete form(s) by the application deadline for the current administration.

- E-mail completed document(s) to accommodations@nbce.org.
- You may also fax the document(s) to 970-336-6477 or 877-450-0519.
- Mail requests to the address below.

NBCE – Test Accommodations
901 54th Avenue
Greeley, CO 80634

Please use a mailing service that will ensure receipt by the published application deadline.

Please address any questions to NBCE Accommodations Advocate at 800-964-6223, ext. 160.