

NBCE Disability Verification and Recommendation Form

Chronic Health, Sensory, Physical Disabilities

Information for Healthcare Providers

The information contained in this form is part of an examinee's request to obtain disability related accommodations on the National Board of Chiropractic Exams (NBCE). The evaluating professional should have training and direct experience in the diagnosis and treatment of adults in the specific area of disability. A letter from the provider containing the required information requested in the form may be submitted in lieu of this form.

The evaluator should be familiar with the Guidelines for Acceptable Documentation provided by NBCE and be able to articulate how the examinee's condition impacts access to the NBCE exams. NBCE guidelines and criteria for acceptable documentation are available at: <http://mynbce.org/apply/test-accommodations/>.

Failure to provide comprehensive information in this document may lead to delay in taking the NBCE Exam or lead to a denial of their requested accommodations.

Examinee Information

Name of examinee (please print): _____

NBCE examinee number: _____

Examinee's diagnosis (if applicable, include DSM 5 or ICD 10 codes): _____

Respond to each of the following regarding the examinee.

1. Presenting problem and background history:

2. Onset, frequency, intensity, and duration of relevant symptoms:

3. Assessment techniques or diagnostic tests administered to develop the examinee's diagnosis:

4. A detailed analysis and interpretation of the findings.

5. Results of assessments:

6. Dates of assessments: (must be within 3-5 years or more recent for relapsing-remitting conditions or conditions that change over time or with treatment):

7. A description of the full extent of the individual's functional limitations

8. A description of how the individual's functional limitations or side effects of medication/therapy impact access to the examination under standard testing conditions:

9. A clear rationale for the recommend accommodations and/or assistive devices.

Evaluator Recommendations

In each of the sections below, your recommended accommodations should be based on the examinee's functional limitations and resulting barriers. Please base your recommendations on how the functional limitations, including any side effects of medications (described above), impact the examinee's ability to take the NBCE computer-based exams under standard conditions.

Recommended accommodations for Part I, Part II, Part III and Physiotherapy exams

- Additional time
 - Part I and II (4 hours and 12 minutes): 50% (time and one-half) 100% (double time)
 - Part III (4 hours): 50% (time and one-half) 100% (double time)
 - Physiotherapy (75 minutes): 50% (time and one-half) 100% (double time)
- Additional break time
 - Standard break time plus 50%
 - Standard break time plus 100%
- Test administration over two days
- Private/separate location (may require off-campus center for administration)
- Auxiliary aide (Indicate specific need) _____
- Assistive technology: (Indicate specific need) _____
- Accessible testing area (Indicate specific need) _____
- Other (specify) _____

Recommended Accommodations for Part IV Practical Exam

Indicate the accommodation(s) you request for each section:

Diagnostic Imaging Stations

- Additional time
 - One additional minute per station
 - Plus 50% (time and one-half)
 - Plus 100% (double time)
- Assistance in completing Scantron answer sheets
- Sign language interpreter/cued speech transliterator
- Assistive technology (indicate specific need) _____
- Auxiliary aid (indicate specific need) _____
- Accessible test location/exam room (indicate specific need) _____
- Other (specify) _____

Case Management and Chiropractic Technique Stations

- Additional time
 - One additional minute per station
 - Plus 50% (time and one-half)
 - Plus 100% (double time)

- Sign language interpreter/cued speech transliterator

- Auxiliary aid (Indicate specific need) _____

- Accessible test location/exam room (Indicate specific need) _____

- Assistive technology (Indicate specific need) _____

- Other (specify) _____

Certification

I certify that I have reviewed the NBCE's Guidelines for Acceptable Documentation appropriate to this examinee's disability/condition prior to completing the required disability report. I also certify that the information on this form is true and correct to the best of my knowledge.

Signature of evaluator

Date

License number

State

Please return this completed, signed form to the examinee.