



## SECTION II: Disability Category (continued)

- Other
  - Acquired/Traumatic brain injury
  - Autism spectrum
  - Other, please specify \_\_\_\_\_

## Section III: Accommodation(s) Requested

**What accommodation(s) are you requesting for the Part IV Exam?**

### ***Diagnostic Imaging Stations***

- Additional time
  - One additional minute per station
  - Plus 50% (time and one-half)
- 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)
- Sign language interpreter/cued speech transliterator
- Auxiliary aid (Indicate specific need) \_\_\_\_\_
- Accessible test location/exam room (Indicate specific need) \_\_\_\_\_

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- Assistive technology (Indicate specific need) \_\_\_\_\_
- Assistance in completing Scantron answer sheets
- Other (specify) \_\_\_\_\_

## Section IV: History of Accommodations

Documentation of prior accommodation on Objective Structured Clinical Exams (OSCE) is recommended. Submitted documentation should indicate the accommodations received on previous OSCE or practical exams.

**What accommodation(s) have you received in the past?**

**Practical (OSCE) exam dates:** \_\_\_\_\_

Accommodation(s) received: \_\_\_\_\_

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## Section V: Personal Statement

Your personal statement is **very important!** Please describe, in detail, how your impairment(s) affect you and how a major life activity (e.g., reading, walking, learning, speaking, listening, writing, etc.) is substantially limited. This is your opportunity to communicate how your disability impairs your ability to take the NBCE OSCE practical exam. Attach additional pages, if needed.

My disability affects my ability to take OSCE practical exams in the following ways:

## Section VII: Authorization

I understand that my request for accommodations, including this form and all supporting documentation, must be received by the NBCE by the stated deadlines for my requested test date to provide adequate time to evaluate and process my request.

Examinee Initials \_\_\_\_\_

I understand that if clarification or additional information is needed to process my request for accommodations, I am authorizing 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.

Examinee Initials \_\_\_\_\_

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 personnel if required.

Examinee Initials \_\_\_\_\_

I further understand that my de-identified information may be used for benchmarking and conducting research. Any disclosure of my information by the NBCE program will not contain information that could be used to identify me individually; information that is presented in research publications will be reported only in the aggregate.

Examinee Initials \_\_\_\_\_

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 and that falsifying information on this request form or documentation will result in disciplinary action.

Signature of applicant: \_\_\_\_\_

By typing your name here, you agree to abide by NBCE policies regarding test accommodations.

Date: \_\_\_\_\_