

REQUEST FOR TEST ACCOMMODATIONS APPLICATION

I, Name:

NBOME ID#:

certify that I am a person with diabetes, and request that the National Board of Osteopathic Medical Examiners, Inc. (NBOME) provide accommodations for me for the following COMLEX-USA examination (select only one):

Level 1

Level 2-CE

Level 3

Supporting Documentation

Attach a letter from a qualified health care professional documenting the medical need for accommodations. Supporting documents must be typed, signed, dated, and submitted on the health care provider's letterhead. Handwritten letters and/or notes on a prescription pad are not acceptable.

Certification and Authorization

By completing and submitting this application, I acknowledge that I have read and understand the eligibility requirements for test accommodations under the ADA and NBOME's Instructions to Request Test Accommodations. I also acknowledge that I have read and agree to the Terms and Conditions contained in the COMLEX-USA Bulletin of Information. I also represent, under penalty for perjury, that the information provided by me on the Request for Test Accommodations Application in support of my request for test accommodations is true and correct.

Candidate's Signature:

Date:

CURRENT CONTACT INFORMATION

College of Osteopathic Medicine:

Home Address:

City:

State/Province:

Zip Code:

Email Address:

Phone: