

Certification of Prior Test Accommodations

Please type or print. To be completed and signed by school official responsible for student disability services.

Applicant Name: _____ **Candidate ID#:** _____

I certify that _____ officially approved and continuously
Name of School
provided the following accommodations for the above applicant beginning on _____
Date (Month/Year)

1. Accommodation(s) provided for **classroom and clinical coursework:** _____

Reason for accommodation(s): _____

2. Accommodation(s) provided for **written exams:** _____

Reason for accommodation(s): _____

3. Accommodation(s) provided for **clinical skills/performance exams:** _____

Reason for accommodation(s): _____

Name of School Official: _____ Title: _____
Print Name of Official Title of Official

Signature of Official: _____ Date: _____

Telephone Number: (____) _____

**Upload the completed form to your Accommodations Request Case
at www.MyNBME.org by the published deadline.**

Direct questions to:
Disability Services
National Board of Medical Examiners
Telephone: (215) 590-9700
FAX: (215) 590-9422
[E-mail: access@nbme.org](mailto:access@nbme.org)