

Health & Wellness Coach Certifying Examination

REQUEST FOR TEST ACCOMMODATIONS

The National Board of Medical Examiners® (NBME®) processes requests for test accommodations for the Health & Wellness Coach Certifying Examination (HWCCE).

If you have a documented disability covered under the Americans with Disabilities Act (ADA), you must notify NBME in writing each time you apply for an examination for which you require test accommodations. Submitting this form constitutes your official notification.

- Review the Guidelines to request test accommodations at <http://www.nbme.org/HWC> for a detailed description of how to document a need for accommodations.
- Complete all sections of this request form and submit it together with all required documentation as soon as possible after you register for your exam.
- Incomplete, illegible, or unsigned request forms and/or insufficient supporting documentation may delay processing of your request.
- Do not send originals. Please retain the originals of all documentation that you submit as we are unable to return submissions or provide duplicate copies to third parties.
- Submitting duplicate and/or bound documentation may delay processing of your request.
- NBME will acknowledge receipt of your submission by e-mail. If you do not receive an acknowledgement within a few days of submitting your request, please contact Disability Services at 215-590-9509. Your submission will be audited for completeness and you may be asked to submit additional documentation to support your request.
- Requests are processed in the order in which they are received. Allow at least 60 days for processing of your request. Processing cannot begin until sufficient information is received by NBME and your exam registration is complete.
- The outcome of our review will not be released via telephone. All official communications regarding your request will be made in writing. If you wish to modify or withdraw a request for test accommodations, contact Disability Services by e-mail at dsclients@nbme.org or by telephone at 215-590-9509

You MUST provide supporting documentation verifying your current functional impairment.



In order to document your need for accommodation, **submit** the following with this form:

- ✓ A **personal statement** describing your disability and its impact on your daily life and educational functioning.
- ✓ **Supporting documentation** such as psychoeducational evaluations; medical records; copies of report cards, academic and score transcripts; faculty or supervisor feedback; job performance evaluations; clerkship/clinical course evaluations; verification of prior academic/job/test accommodations; etc.
- ✓ A **complete and comprehensive evaluation**. Reports from qualified professionals must be typewritten on letterhead, signed and include the professional's qualifications.

Section A: Biographical Information

Please type or print.

A1. Name: _____
Last First Middle Initial

A2. Gender: Male Female

A3. Date of Birth: _____

A4. Candidate ID #: _____ (required)

A5. Address:

_____ Street

_____ City State/Province Zip/Postal Code

_____ Country

_____ Daytime Telephone Number Alternate Telephone Number

_____ E-mail address

Section B: Accommodations Information

B1. Do you require wheelchair access at the examination facility? Yes No

If yes, and you require an adjustable height computer table, indicate the number of inches required from the bottom of the table to the floor: _____

B2. Describe the accommodation(s) you are requesting. Accommodations must be appropriate to the impairment within the context of the examination task and setting:

B3. If you are requesting additional testing time, check the box next to the accommodation you are requesting. **Check ONLY ONE box.**

25% Additional test time (Time and 1/4) over 1 day

50% Additional test time (Time and 1/2) over 1 day

100% Additional test time (Double time) over 1 day

Section C: Disability

C1. List the specific DSM/ICD diagnostic code(s) and disability for which you are requesting accommodations and report the year that it was **first** diagnosed.

<u>DIAGNOSTIC CODE</u>	<u>DISABILITY</u>	<u>YEAR DIAGNOSED</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

C2. Personal Statement



Attach a signed and dated personal statement describing your impairment(s) and their impact on daily life. The personal statement is your opportunity to tell us how your physical or mental impairment(s) substantially limits your current functioning in a major life activity and how your access to the examination under standard conditions is impacted. In your own words, describe the impact of your disability on your daily life and provide a rationale for why the specific accommodation(s) you are requesting are necessary (do not confine your statement to standardized test performance). Describe any modifications or accommodations that you are currently using to manage day-to-day tasks in your home, occupational, or academic settings, which may be relevant to taking a computer-based examination.

Section D: Accommodation History

D1. Standardized Examinations

List the accommodations received for previous standardized examinations such as college, graduate, or professional school admissions tests and professional licensure or certification examinations (if no previous test accommodations were provided, write NONE).

<u>NAME OF EXAM</u>	<u>DATE(S) ADMINISTERED</u>	<u>ACCOMMODATION(S) PROVIDED</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____




If accommodations were provided, attach official documentation from each testing agency confirming the test accommodations they provided.



Attach copies of your score report(s) for any previous standardized examination taken.

D2. Postsecondary Academic/Employment

List all formal accommodations you receive/received in the academic or employment setting and the dates accommodations were provided:

 **If you receive/received accommodations at postsecondary school and/or work, please provide written verification from the appropriate official at your school/place of work.**

SCHOOL/EMPLOYER NAME	ACCOMMODATIONS PROVIDED	DATES PROVIDED
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Postsecondary School (college, graduate, professional school):

Employment Setting (paid or unpaid):

D3. Primary and Secondary School

List each school and all formal accommodations you received, and the dates accommodations were provided:

 **Attach copies of official records from the school(s) listed confirming the accommodations they provided.**

SCHOOL	ACCOMMODATIONS PROVIDED	DATES PROVIDED
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High School

Middle School

Elementary School

Section E: Certification and Authorization

To the best of my knowledge and belief, the information recorded on this request form is true and accurate. I understand that my request for accommodations, including this form and all supporting documentation, must be received by the NBME sufficiently in advance of my anticipated test date in order to provide adequate time to evaluate and process my request.

I acknowledge and agree that any information submitted by me or on my behalf may be used by the exam program for the following purposes:

- Evaluating my eligibility for accommodations. When appropriate, my information may be disclosed to qualified independent reviewers for this purpose.
- Conducting research. Any disclosure of my information by the exam 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.

I authorize the National Board of Medical Examiners (NBME) to contact the entities identified in this request form, and the professionals identified in the documentation I am submitting in connection with it, to obtain further information. I authorize such entities and professionals to provide NBME with all requested further information.

I further understand that the exam program reserves the right to take action, as described in the Bulletin of Information, if it determines that false information or false statements have been presented on this request form or in connection with my request for test accommodations.

Name (print): _____

Signature: _____ Date: _____

HWCCE Request for Test Accommodations

What to Submit

- ✓ Legible copies of all documents, not originals
- ✓ Typewritten and signed letters and reports from professionals on their letterhead
- ✓ Complete reports with all pages including test scores
- ✓ All documents in English. You are responsible for providing certified English translations of all non-English documentation
- ✓ Childhood records - if your request is based on a developmental disorder (e.g., LD, dyslexia, ADHD)
- ✓ Official transcripts and standardized test score reports
- ✓ Documentation beyond self-report of your functional impairment
- ✓ Documentation of your functional impairment in activities other than test-taking

What NOT to Submit

- ✗ Original documents
- ✗ Handwritten or unsigned letters from physicians or evaluators
- ✗ Copies of reports with redactions or missing pages
- ✗ Multiple copies of documentation (i.e., faxed and mailed copies of a document)
- ✗ Duplicate documentation previously submitted to Disability Services
- ✗ Previous correspondence from Disability Services
- ✗ Research articles, your résumé or curriculum vita
- ✗ Staples, binders, page protectors, folders, or similar items

Mail, fax or e-mail (as a pdf) your completed request form and supporting documents to the address below as soon as possible after you register for your exam.

**Disability Services
National Board of Medical Examiners
3750 Market Street
Philadelphia, PA 19104-3190
Telephone: (215) 590-9509
Facsimile: (215) 590-9422
E-mail: dsclients@nbme.org**