Health & Wellness Coach Certifying Examination Program

Certification of Prior Test Accommodations

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

Applicant Name: ____________________________ Registration ID#: __________________

I certify that ____________________________ officially approved and continuously 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: ____________________________

Signature of Official: ____________________________ Date: ____________________________

Telephone Number: (___) ____________________________

Upload completed form to your Accommodations Request Case at www.MyNBME.org when you register for your exam.

Disability Services
National Board of Medical Examiners
3750 Market Street
Philadelphia, PA 19104-3190
Telephone: (215) 590-9700
FAX: (215) 590-9422
E-mail: disabilityservices@nbme.org