

## 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 upload it together with all required documentation as soon as possible after you register for your exam at [www.MyNBME.org](http://www.MyNBME.org).
- Incomplete, illegible, or unsigned request forms and/or insufficient supporting 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 215-590-9700. 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 [disabilityservices@nbme.org](mailto:disabilityservices@nbme.org) or by telephone at 215-590-9700

#### **You MUST provide supporting documentation verifying your current functional impairment.**



In order to document your need for accommodation, **upload** 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**



**Upload 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, upload official documentation from each testing agency confirming the test accommodations they provided.**



**Upload 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.**

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

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**Employment Setting (paid or unpaid):**

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**D3. Primary and Secondary School**

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

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

<b>SCHOOL</b>	<b>ACCOMMODATIONS PROVIDED</b>	<b>DATES PROVIDED</b>
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**High School**

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**Middle School**

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**Elementary School**

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**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**

- ✗ Handwritten or unsigned letters from physicians or evaluators
- ✗ Copies of reports with redactions or missing pages
- ✗ Duplicate documentation previously submitted to Disability Services
- ✗ Previous correspondence from Disability Services
- ✗ Research articles, your résumé or curriculum vita

**Upload your completed Request for Test Accommodations Form and supporting documents to your Accommodations Request Case at [www.MyNBME.org](http://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**  
**Facsimile: (215) 590-9422**  
**E-mail: [disabilityservices@nbme.org](mailto:disabilityservices@nbme.org)**