

# **Request for Test Accommodations for Examinees with Disabilities Taking the Special Purpose Examination (SPEX®)**

Administered through the Federation of State Medical Boards of the United States, Inc. (FSMB)

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## **How to Request Test Accommodations for the Special Purpose Examination (SPEX®)**

- 1. Read the guidelines carefully.
- 2. Complete the Questionnaire for SPEX Applicants Requesting Test Accommodations.
- 3. Be sure to sign the questionnaire form where indicated.
- 4. Send Questionnaire form and documentation of the disability with a specific need for accommodation(s) to:

Attn.: Coordinator, Special Examination Services  
Federation of State Medical Boards  
400 Fuller Wiser Road  
Suite 300  
Euless, TX 76039

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## **I. Introduction**

The Federation of State Medical Boards (FSMB) provides reasonable and appropriate accommodations in accordance with the Americans with Disabilities Act (ADA) for individuals with documented disabilities who demonstrate a need for accommodation. Examinees are informed of the availability of test accommodations in the *SPEX Bulletin of Information*, SPEX General Application Instructions, and the FSMB Website ([www.fsmb.org](http://www.fsmb.org)).

The following information is provided for examinees, evaluators, medical school student affairs staff, faculty and others involved in the process of documenting a request for test accommodations. We strongly encourage applicants requesting test accommodations to share these guidelines with their evaluator and with therapists/treating physicians, etc., so that appropriate documentation can be assembled to support the request for test accommodations.

The Americans with Disabilities Act of 1990 (ADA) and accompanying regulations define a person with a disability as someone with a physical or mental impairment that substantially limits one or more major life activities. The purpose of documentation is to validate that the individual is covered under the Americans with Disabilities Act as a disabled individual.

The Federation of State Medical Boards provides qualified SPEX examinees who have documented disabilities in accordance with the Americans with Disabilities Act with appropriate auxiliary aids and adjustments that do not fundamentally alter the measurement of the skills or knowledge the examination is intended to test and that would not result in an undue burden to the FSMB.

The purpose of accommodations is to provide equal access to the SPEX testing program. Accommodations “match up” with the identified functional limitation so that the area of impairment is lessened by an auxiliary aid or adjustment to the testing procedure. Functional limitation refers to behavioral manifestations of the disability that impede the individual’s ability to function, i.e., what someone cannot do on a regular and continuing basis as a result of the disability. For example, a functional limitation might be described as the inability to control fine motor movement so that the individual is unable to use a traditional computer mouse to record answers. An appropriate accommodation might be a large trackball mouse. Therefore, it is essential that the documentation provide a clear explanation of the identified functional impairment and a rationale for the requested accommodation.

While presumably the use of accommodations in the test activity will enable the individual to better demonstrate his/her knowledge mastery, accommodations are not a guarantee of improved performance, test completion or a passing score.

## **II. General Guidelines**

The following guidelines are provided to assist the applicant in documenting a need for accommodations based on an impairment that substantially limits one or more major life activities. Documentation submitted in support of a request is referred to experts in the appropriate area of disability for a fair and impartial professional review.

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*The individual requesting accommodations must personally initiate a written request for test accommodations; requests made by a third party (such as an evaluator or medical school) cannot be honored.*

All the documentation submitted in support of a request for accommodations is confidential. No information concerning a request is released without a written request form from the examinee. To support a request for test accommodations, please submit the following:

1. Completed Questionnaire Form
2. A detailed, comprehensive written report describing your disability and its severity and justifying the need for the requesting accommodations.

The following characteristics are expected of all documentation submitted in support of a request for accommodations:

- **State a specific diagnosis of the disability.**

A professionally recognized diagnosis for the particular category of disability is expected, e.g., the DSM-IV diagnostic categories for learning disabilities.

- **Be current.**

Because the provision of all reasonable accommodations is based on assessment of the **current** impact of the examinee's disability on the testing activity, it is in the individual's best interest to provide recent and appropriate documentation. As the manifestations of a disability may vary over time and in different settings, in most cases an evaluation should be conducted within the past three years, e.g., low vision or neuromuscular conditions are often subject to change and should be updated for current functioning.

- **Describe the specific diagnostic criteria and/or diagnostic test used, including date(s) of evaluation, test results and a detailed interpretation of the test results.**

This description should include the specific results of diagnostic procedures and tests utilized and should include relevant educational, developmental, and medical history. Where appropriate to support the diagnosis, specific test scores should be reported, e.g., documentation for an examinee with multiple sclerosis should include specific findings on the neurological examination including functional limitations and MRI or other studies, if relevant.

Diagnostic methods used should be appropriate to the disability and current professional practices within the field. Informal or nonstandardized evaluations should be described in enough detail that other professionals could understand their role and significance in the diagnostic process.

- **Describe in detail the individual's limitations due to the diagnosed disability, i.e., a demonstrated impact on functioning vis-a-vis the SPEX and explain the relationship of the test results to the identified limitations resulting from the disability.**

The current functional impact on physical, perceptual and cognitive abilities should be fully described, e.g., an examinee with macular degeneration has reduced central vision, which limits the ability to read.

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- **Recommend specific accommodations and/or assistive devices including a detailed explanation of why these accommodations or devices are needed and how they will ease the impact of the identified functional limitations, e.g.,** a learning disabled individual who has difficulty decoding might require an oral rendition of the exam.
  - **Establish the professional credentials of the evaluator that qualify him/her to make the particular diagnosis, including information about license or certification and specialization in the area of the diagnosis.** The evaluator should present evidence of comprehensive training and direct experience in the diagnosis and treatment of adults in the specific area of disability.
3. If no prior accommodations have been provided, the qualified professional expert should include a detailed explanation as to why no accommodations were given in the past and why accommodations are needed now.

### **III. Learning Disabilities**

The following additional information is provided to clarify the documentation process for applicants submitting a request for accommodations based on a learning disability or other cognitive impairments.

**1. The evaluation must be conducted by a qualified professional.**

The diagnostician must have comprehensive training in the field of learning disabilities and must have comprehensive training and direct experience in working with an adult population.

**2. Testing/assessment must be current.**

The determination of whether an individual is “significantly limited” in functioning is based upon assessment of the current impact of the impairment. (See General Guidelines).

**3. Documentation must be comprehensive.**

Objective evidence of a substantial limitation in cognition or learning must be provided. At a minimum, the comprehensive evaluation should include the following:

**A diagnostic interview and history taking:**

Because learning disabilities are commonly manifested during childhood, though not always formally diagnosed, relevant historical information regarding the individual’s academic history and learning processes in elementary, secondary and postsecondary education should be investigated and documented. The report of assessment should include a summary of a comprehensive diagnostic interview that includes relevant background information to support the diagnosis. In addition to the candidate’s self-report of assessment, this should include:

- A description of the presenting problem(s);
  - A developmental history;
  - Relevant academic history including results of prior standardized testing, reports of classroom performance and behavior, including transcripts, study habits and attitudes and notable trends in academic performance;
  - Relevant family history, including primary language of the home and current level of fluency in English;
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- Relevant psychosocial history;
- Relevant medical history including the absence of a medical basis for the present symptoms;
- Relevant employment history;
- A discussion of dual diagnosis, alternative or coexisting mood, behavioral, neurological and/or personality disorders along with any history of relevant medication and current use which may impact the individual's learning disability when, in fact, one is not present.
- Exploration of possible alternatives that may mimic a learning disability when, in fact, one is not present.

**A psychoeducational or neuropsychological evaluation:**

The psychoeducational or neuropsychological evaluation should be submitted on the letterhead of a qualified professional and it should provide clear and specific evidence that a learning or cognitive disability does or does not exist.

- Assessment should consist of a comprehensive battery of tests.
- A diagnosis must be based on the aggregate of test results, history and level of current functioning. It is not acceptable to base a diagnosis on only one or two subtests.
- Objective evidence of a substantial limitation to learning must be presented.
- Tests must be appropriately normed for the age of the patient and must be administered in the designated standardized manner.

Minimally, the domains to be addressed should include the following:

- ***Cognitive Functioning***

A complete aptitude assessment is essential with all subtests and standard scores reported. Acceptable measures include but are not limited to: Wechsler Adult Intelligence Scale-III (WAIS-III); Woodcock-Johnson Psychoeducational Battery—Revised: Test of Cognitive Ability; Kaufman Adolescent and Adult Intelligence Test.

- ***Achievement***

A comprehensive achievement battery with all subtests and standard scores is essential. The battery should include current levels of academic functioning in relevant areas such as reading (decoding and comprehension) and mathematics. Acceptable instruments include, but are not limited to, the Woodcock-Johnson Psychoeducational Battery—Revised: Tests of Achievement; The Scholastic Abilities Test for Adults (SATA); Woodcock Reading Mastery Tests—Revised.

Specific achievement tests are useful instruments when administered under standardized conditions and when interpreted within the context of other diagnostic information. The Wide Range Achievement Test-3 (WRAT-3) and the Nelson-Denny Reading Test are not comprehensive diagnostic measures of achievement and, therefore, neither is acceptable if used as the sole measures of achievement.

- ***Information Processing***

Specific areas of information processing (e.g., short- and long-term memory, sequential memory, auditory and visual perceptions/processing, auditory and phonological awareness, processing speed,

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executive functioning, motor ability) should be assessed. Acceptable measures include, but are not limited to, the Detroit Tests of Learning Aptitude—Adult (DTLA-A); Wechsler Memory Scale-III (WMS-III); information from the Woodcock-Johnson Psychoeducational Battery—Revised: Tests of Cognitive Ability, as well as other relevant instruments may be used to address these areas.

- **Other Assessment Measures**

Other formal assessment measures or nonstandard measures and informal assessment procedures or observations may be integrated with the above instruments to help support a differential diagnosis or to disentangle the learning disability from coexisting neurological and/or psychiatric issues. In addition to standardized test batteries, nonstandardized measures and informal assessment procedures may be helpful in determining performance across a variety of domains.

**Actual test scores must be provided (standard scores where available),** as well as identification of norms used to interpret the data. It is helpful to list all test data in a score summary sheet appended to the evaluation

**Records of academic history must be provided.**

Because learning disabilities are most commonly manifested during childhood, relevant records detailing learning processes and difficulties in elementary, secondary and post-secondary education should be included. Such records as grade reports, transcripts, teachers' comments and the like will serve to substantiate self-reported academic difficulties in the past and currently.

**A differential diagnosis must be reviewed and various possible alternative causes for the identified problems in academic achievement should be ruled out.**

The evaluation should address key constructs underlying the concept of learning disabilities and provide clear and specific evidence of the information processing deficit(s) and how these deficits currently impair the individual's ability to learn. **No single test or subtest is a sufficient basis for a diagnosis.**

The differential diagnosis must demonstrate that:

- Significant difficulties persist in the acquisition and use of listening, speaking, reading, writing or reasoning skills; and
- The problems being experienced are not primarily due to lack of exposure to the behaviors needed for academic learning or an inadequate match between the individual's ability and the instructional demands.

**A clinical summary must be provided.**

A well-written diagnostic summary based on a comprehensive evaluative process is a necessary component of the report. Assessment instruments and the data they provide do not diagnose; rather, they provide important data that must be integrated with background information, historical information and current functioning. It is essential, then, that the evaluator integrate all information gathered in a well-developed clinical summary:

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- Demonstration of the evaluator's having ruled out alternative explanations for the identified academic problems as a result of poor education, poor motivation and/or study skills, emotional problems, attentional problems and cultural or language differences;
- Indication of how patterns in cognitive ability, achievement and information processing are used to determine the presence of a learning disability;
- Indication of substantial limitation to learning presented by the learning disability and the degree to which it impacts the individual in the context of the SPEX; and
- Indication as to why specific accommodations are needed and how the effects of the specific disability are mediated by the recommended accommodation(s).

*Problems such as test anxiety, English as a Second Language, slow reading without an identified underlying cognitive deficit, or failure to achieve a desired academic outcome are not learning disabilities in and of themselves. Therefore, they are not covered under the Americans with Disabilities Act.*

**Each accommodation recommended by the evaluator must include a rationale.**

The evaluator must describe the impact the diagnosed learning disability has on a specific major life activity as well as the degree of significance of this impact on the individual. The diagnostic report must include specific recommendations for accommodations. The report must also include detailed explanation as to why each accommodation is recommended and recommendations should be tied to specific test results or clinical observations. The documentation should include any record of prior accommodation or auxiliary aids, including any information about specific conditions under which the accommodations were used and whether or not they were effective. However, a prior history of accommodations, without demonstration of a current need, does not in and of itself warrant the provision of a like accommodation. If no prior accommodation(s) has been provided, the qualified professional expert should include a detailed explanation as to why no accommodation(s) was used in the past and why accommodation(s) is needed at this time.

## **IV. Attention-Deficit/Hyperactivity Disorder (ADHD)**

Documentation for applicants submitting a request for accommodations based on Attention-Deficit/Hyperactivity Disorder (ADHD) should contain all of the items listed in the General Guidelines section. The following information explains the additional issues documentation must address relative to ADHD.

### **1. The evaluation must be conducted by qualified diagnostician.**

Professionals conducting assessment and rendering diagnosis of Attention-Deficit/Hyperactivity Disorder must be qualified to do so. Comprehensive training in the differential diagnosis of ADHD and other psychiatric disorders and direct experience in diagnosis and treatment of adults is necessary. The evaluator's name, title and professional credentials, including information about license or certification as well as the area of specialization, employment and state in which the individual practices, should be clearly stated in the documentation.

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## **2. Testing/assessment must be current.**

The determination of whether an individual is “significantly limited” in functioning is based upon assessment of the current impact of the impairment on the SPEX testing program. (See General Guidelines)

## **3. Documentation necessary to substantiate the Attention-Deficit/Hyperactivity Disorder must be comprehensive.**

Because ADHD is, by definition, first exhibited in childhood (although it may not have been formally diagnosed) and in more than one setting, objective, relevant, historical information is essential. Information verifying a chronic course of ADHD symptoms from childhood through adolescence to adulthood, such as educational transcripts, report cards, teacher comments, tutorial evaluations, job assessments and the like are necessary.

- a. The evaluator is expected to review and discuss DSM-IV diagnostic criteria for ADHD and describe the extent to which the patient meets these criteria. The report must include information about the specific symptoms exhibited and document that the patient meets criteria for long-standing history, impairment and pervasiveness.
  - b. A history of the individual’s presenting symptoms must be provided, including evidence of ongoing impulsive/hyperactive or inattentive behaviors (as specified in DSM-IV) that significantly impair functioning in two or more settings.
  - c. The information collected by the evaluator must consist of more than self-report. Information gathered in the diagnostic interview and reported in the evaluation should include, but not necessarily be limited to, the following:
    - History of presenting attentional symptoms, including evidence of ongoing impulsive/hyperactive or inattentive behavior that has significantly impaired functioning over time;
    - Developmental history;
    - Family history for presence of ADHD and other educational, learning, physical or psychological difficulties deemed relevant by the examiner;
    - Relevant medical and medication history, including the absence of a medical basis for the symptoms being evaluated;
    - Relevant psychosocial history and any relevant interventions;
    - A thorough academic history of elementary, secondary and post-secondary education;
    - Review of psychoeducational test reports to determine if a pattern of strengths or weaknesses is supportive of attention or learning problems;
    - Evidence of impairment in several life settings (home, school, work, etc.) and evidence that the disorder significantly restricts one or more major life activities;
    - Relevant employment history;
    - Description of current functional limitations relative to an educational setting and to SPEX in particular that are presumably a direct result of the described problems with attention;
    - A discussion of the differential diagnosis, including alternative or co-existing mood, behavioral, neurological and/or personality disorders that may confound the diagnosis of ADHD; and
    - Exploration of possible alternative diagnoses which may mimic ADHD.
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#### **4. Relevant assessment batteries**

A neuro-psychological or psychoeducational assessment may be necessary in order to determine the individual's pattern of strengths or weaknesses and to determine whether these are patterns supportive of attention problems. Test scores or sub-test scores alone should not be used as the sole basis for the diagnostic decision. Scores from subtests on the Wechsler Adult Intelligence Scale - III (WAIS-III), memory functions tests, attention or tracking tests or continuous performance test do not in and of themselves establish the presence or absence of ADHD. They may, however, be useful as one part of the process in developing clinical hypotheses. Checklists and/or surveys can serve to supplement the diagnostic profile but by themselves are not adequate for the diagnosis of ADHD. **When testing is used, standard scores must be provided for all normed measures.**

#### **5. Identification of DSM-IV Criteria**

A diagnostic report must include a review of the DSM-IV criteria for ADHD both currently and retrospectively and specify which symptoms are present (see DSM-IV for specific criteria). According to DSM-IV, "the essential feature of ADHD is a persistent pattern of inattention and/or hyperactivity impulsivity that is more frequent and severe than is typically observed in individuals at a comparable level of development". Other criteria are:

- a. Symptoms of hyperactivity-impulsivity or inattention that cause impairment must have been present in childhood;
- b. Current symptoms that have been present for at least the past six months; and
- c. Impairment from the symptoms present in two or more settings (school, work, home).

#### **6 Documentation must include a specific diagnosis**

The report must include a specific diagnosis of ADHD based on the DSM-IV diagnostic criteria. Individuals who report only problems with organization, test anxiety, memory and concentration only on a situational basis do not fit the prescribed diagnostic criteria for ADHD. Given that many individuals benefit from prescribed medications and therapies, a positive response to medication by itself is not supportive of a diagnosis, nor does the use of medication in and of itself either support or negate the need for accommodation(s).

#### **7 A clinical summary must be provided**

A well-written diagnostic summary based on a comprehensive evaluative process is a necessary component of the assessment. The clinical summary must include:

- a. Demonstration of the evaluator's having ruled out alternative explanations for inattentiveness, impulsivity, and/or hyperactivity as a result of psychological or medical disorders or non-cognitive factors;
  - b. Indication of how patterns of inattentiveness, impulsivity and/or hyperactivity across the lifespan and across settings are used to determine the presence of ADHD;
  - c. Indication of the substantial limitation to learning presented by the ADHD and the degree to which it impacts the individual in the context for which accommodations are being requested (e.g. impact on the SPEX program); and
  - d. Indication as to why specific accommodations are needed and how the effects of ADHD symptoms, as designated by the DSM-IV, are mediated by the accommodation(s).
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**8. Each accommodation recommended by the evaluator must include a rationale.**

The evaluator must describe the impact of the ADHD (if one exists) on a specific major life activity as well as the degree of significance of this impact on the individual. The diagnostic report must include specific recommendations for the accommodation(s). A detailed explanation must be provided as to why each accommodation is recommended and should be correlated with specific identified functional limitations. Prior documentation may have been useful in determining appropriate services in the past. However, documentation should validate the need for the accommodation(s) based on the individual's current level of functioning. The documentation should include any record of the prior accommodation(s) or auxiliary aid, including information about specific conditions under which the accommodation was used (e.g. standardized testing, final exams, NBME subject exams, etc.). However, a prior history of accommodation(s) without demonstration of a current need does not in itself warrant the provision of a similar accommodation(s). If no prior accommodation(s) has been provided, the qualified professional and/or the individual being evaluated must include a detailed explanation as to why no accommodation(s) was used in the past and why accommodation(s) is needed at this time.

Because of the challenge of distinguishing ADHD from normal development patterns and behaviors of adults, including procrastination, disorganization, distractibility, restlessness, boredom, academic underachievement or failure, low self-esteem and chronic tardiness or inattentance, a multifaceted evaluation must address the intensity and frequency of the symptoms and whether these behaviors constitute an impairment in a major life activity.

## **V. Physical aids**

For those applicants submitting a request for accommodations based on a physical condition or characteristic which requires the use of a physical aid, such as a cushion or mat, you must contact the Federation of State Medical Boards (FSMB). Medical documentation to support the need of such arrangements may be required. Provision of the arrangements will be contingent upon review of the request and the FSMB's ability to make the necessary arrangements. **Submit your request for physical aids in writing before or at the time the SPEX application is submitted.**

## **VI. Vision Impairments**

In addition to the General Guidelines for all disabilities, the following information is provided to assist the applicant in documenting a need for accommodation based on a visual impairment.

Comprehensive evaluation reports of visual functioning must include:

- A detailed discussion of how the individual's specific signs, symptoms, and assessment results meet professionally recognized diagnostic criteria for the identified visual impairment. Relevant history and course of the presenting symptoms should be provided and the documentation should identify whether the condition is stable or could be expected to fluctuate. The individual's best corrected visual acuities, for both distance and near, must be specified. Where relevant to the diagnosis, comprehensive documentation should also include detailed information about the health of the eye(s), visual fields, binocular functioning, accommodative functioning, oculomotor functioning, and/or other pertinent information.
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- Actual scores and results from all tests, procedures, measurements, and scales administered to demonstrate the level of impairment to vision functioning must be provided. These assessment data are imperative to allow for a professional review. When relevant to the impairment, examples of such data are: visual acuities (best-corrected for near and distance), visual field print-outs, specific tests of accommodation (e.g., relative accommodation, amplitudes, facility, dynamic or nearpoint retinoscopy), specific tests of vergence (e.g., nearpoint of convergence, cover test, prism vergences, facility), specific tests of reading eye movements (e.g., Developmental Eye Movement test, photo-electric oculogram).
- Detailed information about what therapy, medication, and low-vision aids are being used to treat the impairment, and the effectiveness of these interventions, including all relevant post-therapy data.
- Specific information concerning the current functional limitations imposed by the visual impairment (what the individual can and cannot do on a regular and continuing basis).
- A specific recommendation for all accommodations requested, including low vision aids, and an explanation of how the accommodations will reduce the impact of the identified functional limitations on the testing activity.
- Documentation should be typewritten and submitted on the professional's letterhead and be signed and dated by the evaluator. Handwritten notes, letters, or prescriptions are not sufficient to demonstrate substantial visual impairments.

Visual impairment in one eye only can often significantly impact the ability to perform three-dimensional tasks, such as driving or playing some sports. However, monocular conditions, in and of themselves, have not been shown to cause a substantial limitation in the ability to read or perform other two-dimensional tasks at near. Therefore, requests for accommodations for computer-based tests based on visual impairment in only one eye need to provide data to demonstrate reduced functioning in the fellow eye, such as of accommodation (focusing) or reading eye movements (saccades).

## **VII. What to Do**

TO PROTECT YOUR CONFIDENTIALITY, ALWAYS SEND YOUR REQUEST AND DOCUMENTATION TOGETHER TO THE ADDRESS BELOW. Do not include these materials with your examination application.

**Address all requests and inquiries to:**

Coordinator of Special Examination Services  
Federation of State Medical Boards  
400 Fuller Wiser Rd., Suite 300  
Euless, TX 76039  
(817) 868-4041  
exam@fsmb.org

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**Test Accommodations**

Test accommodations include but are not limited to the following:

- Assistance with keyboard tasks
- Extended testing time

**Score Reporting**

SPEX policy requires annotation of score reports and transcripts for SPEX administrations for which test accommodations were used. Score recipients who inquire about the annotation will be provided with information about the nature of the test accommodation only.

**How to Submit a Request for Test Accommodations**

What to do: Submit a completed Questionnaire and accompanying documentation to the above address at the same time you send your examination application to the address shown in the registration materials.

If you have a documented disability covered under the American with Disabilities Act (ADA) and require test accommodations, you must notify the FSMB in writing each time you apply for SPEX.

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# Special Purpose Examination® (SPEX®)

The Federation of State Medical Boards (FSMB)  
400 Fuller Wisser Road, Suite 300, Euless, TX 76039  
817-868-4041 ~ exam@fsm.org

## QUESTIONNAIRE FORM

For SPEX applicants with documented disabilities requesting test accommodations

This questionnaire should accompany your supporting documentation from your evaluating physician or psychologist, certifying your disability. The supporting documentation should include a specific diagnosis and specific recommendations for testing accommodations. To obtain instructions on submitting appropriate documentation, please reference the *Guidelines* to request test accommodations on our website at www.fsm.org. This completed and signed Questionnaire constitutes your official request. **Please Note:** Prior to submitting either your **Self-Nomination** or **Board-Sponsored** SPEX Application, please mail your Questionnaire form and supporting documentation to the address above, attn: **SPEX-Test Accommodations**.

Please Print

Name \_\_\_\_\_ Social Security Number \_\_\_\_\_  
Address \_\_\_\_\_ Date of Birth \_\_\_\_\_  
City, State, ZIP \_\_\_\_\_  
Phone \_\_\_\_\_ E-mail \_\_\_\_\_  
**Type of SPEX Application:** Check one  
Board-Sponsored  State \_\_\_\_\_  
Self-Nominated

**Nature of disability:** Check one  
 Chronic Health Problem       Permanent Accidental Injury  
 Hearing Disability                       Temporary Physical Disability  
 Learning Disability                       Visual Disability  
 Neuromuscular Disease               Other

**Describe your specific disability:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**How long ago was your disability first professionally diagnosed?** Check one  
 Less than 1 year       1-2 years       3-4 years       5 or more years

**Accommodations recommended by professional as provided in the documentation (check all that apply):**

Extended Testing Time (Double time only)       Enlarged Font (zoom text)  
 Assistance with Completing Examination Responses       Other \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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

**-If you require an adjustable height table, please indicate the number of inches from the floor. \_\_\_\_\_ inches**

**Special Purpose Examination® (SPEX®)**  
**QUESTIONNAIRE FORM (continued)**

For SPEX applicants with documented disabilities requesting test accommodations

**Most recent standardized examination for which test accommodations were granted:** \_\_\_\_\_

List the type of test accommodations you were granted: \_\_\_\_\_

**List any other examinations and accompanying accommodation(s) you have been granted:**

Name of Exam: \_\_\_\_\_ Accommodations granted: \_\_\_\_\_

Name of Exam: \_\_\_\_\_ Accommodations granted: \_\_\_\_\_

Name of Exam: \_\_\_\_\_ Accommodations granted: \_\_\_\_\_

**Did you have testing accommodations in medical school?**     Yes     No

If yes, provide an official statement from your medical school explaining the type of accommodations that were granted.

**Certification**

I certify that the above information is true and accurate. If testing accommodations granted to me include a deviation from the standard testing time schedule, I agree that, from the time I begin the examination until I have completed it, I will not communicate in any way, to any extent, with any other individuals taking the examination. I will not communicate in any way with any such individuals about the content of the examination.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Authorization**

If clarification or further information regarding the documentation provided is needed, I authorize the SPEX joint organizations\* and the medical licensing authority sponsoring me, if any, to contact the professional who diagnosed the disability and/or those entities which have granted me test accommodations. I authorize such professional(s) and entities to communicate with the SPEX joint organizations and/or the sponsoring medical licensing authority to provide such clarification and/or further information. I authorize the release of any documentation/information, relating to my current or any prior request(s) for testing accommodations made by me in connection with my SPEX application, to the NBME Disability Services and their consultants, and to the sponsoring medical licensing authority, through which I am applying to take SPEX (if applicable).

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\*SPEX is a joint program of Federation of State Medical Boards and the National Board of Medical Examiners.