

Special Purpose Examination^â (SPEX^â)

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 _____

Type of SPEX Application: Check one

Board-Sponsored ...What State? _____

Phone _____ E-mail _____

Self-Nomination

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)

Large Print Exam

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^â (SPEX^â)
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 Step 3 (if applicable).

Signature

Date

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