

Request for Test Accommodations for Examinees with Disabilities Taking United States Medical Licensing Examination™ Step 3

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- [Introduction](#)
- [General Guidelines for all Disabilities](#)
- [Learning Disabilities](#)
- [Attention Deficit/Hyperactivity Disorder \(ADHD\)](#)
- [What to do](#)

How to Request Test Accommodations

1. Read the *Guidelines* carefully. Share them with the professional who will be preparing your documentation.
2. Complete the Questionnaire for USMLE Step 3 Applicants Requesting Test Accommodations. Be sure to sign the questionnaire where indicated.
3. If appropriate, have your medical school complete the Certification of Prior Test Accommodations form.
4. Attach documentation of the disability and your need for accommodation. Compare your documentation with the information listed in the guidelines booklet to ensure a complete submission. Incomplete documentation will delay processing of your request.
5. Mail the official form, a written statement and supporting documentation to request test accommodations to the following address:

Attn: Supervisor of Exam Services
Federation of State Medical Boards
400 Fuller Wiser Road, Suite 300
Euless, TX 76039

Mail your request for test accommodations to the address above at the same time you mail your Step 3 application material to the address listed on the FSMB Web site under the state specific instructions. If you have any questions regarding test accommodation requests, please contact Exam Services at 817-868-4041 or via email at exam@fsmb.org.

I. Introduction

The Federation of State Medical Boards (FSMB) provides reasonable and appropriate accommodations in accordance with the Americans with Disabilities Act of 1990 (ADA) for individuals with documented disabilities who demonstrate a need for accommodation. Examinees are informed of the availability of test accommodations in the *USMLE Bulletin of Information*, Application Instructions and the USMLE website.

This 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. Applicants requesting test accommodations should share these guidelines with their evaluator, therapist, treating physician, etc., so that appropriate documentation can be assembled to support the request for test accommodations.

The 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 ADA as a disabled individual.

The purpose of accommodations is to provide equal access to the USMLE testing program. Accommodations "match up" with the identified functional limitation so that the area of impairment is

alleviated by an auxiliary aid or adjustment to the testing procedure. Functional limitation refers to the 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 an 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. It is essential that the documentation provide a clear explanation of the 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.

[Back to top](#)

II. General Guidelines for all Disabilities

The following guidelines are provided to assist the applicant in documenting a need for accommodation 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.

The individual requesting accommodations must personally initiate a written request for test accommodations; requests by a third party (such as an evaluator or medical school) cannot be honored. All 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
2. A detailed, comprehensive written report describing your disability and its severity; and justifying the need for the requested accommodations.

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

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 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 documentation. As the manifestations of a disability may vary over time and in different settings, in most cases an evaluation should have been 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 name the diagnostic tests used, including date(s) of evaluation, specific test results and a detailed interpretation of the test results.

This description should include the results of diagnostic procedures and tests utilized and should include relevant educational, developmental and medical history. Specific test results should be reported to support the diagnosis, 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 non-standardized 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-à-vis the USMLE, 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.

recommend specific accommodations and/or assistive devices including a detailed explanation of why these accommodations or devices are needed and how they will reduce 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.

[Back to top](#)

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 impairment.

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 on assessment of the current impact of the impairment. (See General Guidelines.) A developmental disorder such as a learning disability, originates in childhood and, therefore, information which demonstrates a history of impaired functioning should also be provided.
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 post-secondary 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, the report of assessment 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 behaviors, 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;
- 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 co-existing mood, behavioral, neurological and/or personality disorders along with any history of relevant medication and current use that may impact the individual's learning; and
- exploration of possible alternatives that may mimic a learning disability when, in fact, one is not present.

A psycho-educational or neuro-psychological evaluation

The psychoeducational or neuro-psychological evaluation must be submitted on the letterhead of a qualified professional and must provide clear and specific evidence that a learning or cognitive disability does or does not exist.

- Assessment must 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 cognitive 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: Tests of Cognitive Ability; Kaufman Adolescent and Adult Intelligence Test.

Achievement

A comprehensive achievement battery with all subtests and standard scores is essential. The battery must 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 measure of achievement.

Information Processing

Specific areas of information processing (e.g., short- and long-term memory, sequential memory, auditory and visual perception/processing, auditory and phonological awareness, processing speed, executive functioning, motor ability) must 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 that 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 co-existing neurological and/or psychiatric issues. In addition to standardized test batteries, non-standardized 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 should 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 to 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 for the evaluator integrate all information gathered in a well-developed clinical summary. The following elements must be included in the clinical summary:

- 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 the substantial limitation to learning presented by the learning disability and the degree to which it impacts the individual in the context of the USMLE
- 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 (in and of itself), slow reading without an identified underlying cognitive deficit or failure to achieve a desired academic outcome are not learning disabilities and, therefore, are not covered under the ADA.

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 and a detailed explanation as to why each accommodation is recommended. Recommendations must 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 accommodation, 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.

[Back to top](#)

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 a qualified diagnostician.
Professionals conducting assessments and rendering diagnoses of ADHD 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.
2. Testing/assessment must be current.
The determination of whether an individual is "significantly limited" in functioning is based on assessment of the current impact of the impairment on the USMLE testing program (See General Guidelines).
3. Documentation necessary to substantiate the ADHD 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, tutoring 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 from third party sources is critical in the diagnosis of adult ADHD. 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 USMLE 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
- exploration of possible alternative diagnoses that may mimic ADHD

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 there are patterns supportive of attention problems. Test scores or subtest 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 tests 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 hypothesis. 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 include symptoms of hyperactivity-impulsivity or inattention that cause impairment present in childhood; current symptoms that have been present for at least the past six months; and 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 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.

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 ADHD and the degree to which it impacts the individual in the context for which accommodations are being requested (e.g., impact on the USMLE 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).
8. Each accommodation recommended by the evaluator must include a rationale. The evaluator must describe the impact of 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 accommodations. 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 accommodation based on the individual's current level of functioning. The documentation should include any record of prior accommodation 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 without demonstration of a current need does not in itself warrant the provision of a similar accommodation. If no prior accommodation has been provided, the qualified professional and/or individual being evaluated should include a detailed explanation as to why no accommodation was used in the past and why accommodation is needed at this time.

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

[Back to top](#)

V. 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.

Mail the official form, a written statement and supporting documentation to request test accommodations to the following address:

Attn: Supervisor of Exam Services
Federation of State Medical Boards
400 Fuller Wiser Road, Suite 300
Euless, TX 76039

Mail your request for test accommodations to the address above at the same time you mail your Step 3 application material to the address listed on the FSMB Web site under the state specific instructions. If you have any questions regarding test accommodation requests, please contact Exam Services at 817-868-4041 or via email at exam@fsmb.org.

Test Accommodations

Test accommodations include but are not limited to the following:

- Assistance with keyboard tasks
- Audio rendition
- Extended testing time
- Extra break time
- Enlarged text

Score Reporting

USMLE policy requires annotation of score reports and transcripts for Step 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

If you have a documented disability covered under the Americans with Disabilities Act (ADA) and require test accommodations, you must notify the FSMB in writing each time you apply for Step 3.

New Requests

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. [Click here](#) for a Questionnaire for USMLE Step 3 Applicants Requesting Test Accommodations

Subsequent Requests for Test Accommodations

What to do: If you received test accommodations for a previous USMLE Step and would like the identical accommodations, please follow these steps:

- Complete the Step 3 Update Form by printing a copy off this web site.
- Complete and mail the form to the address above at the same time you mail your examination application to the address shown in the registration materials. This form constitutes your official notification.
- If you are requesting a change in accommodations, follow the instructions for "New Requests" above.

[Click here](#) for a Step 3 Update Form for subsequent requests for test accommodations.

If appropriate, have your medical school complete the Certification of Prior Test Accommodations form (if you have previously been provided with test accommodations).

[Back to top](#)