

PRIOR COMLEX-USA ACCOMMODATIONS REQUEST FORM

I, Name:

NBOME ID#:

had accommodations granted to me previously by the National Board of Osteopathic Medical Examiners, Inc. (NBOME) for the following COMLEX-USA examinations (select all that apply):

Level 1

Level 2-CE

Level 3

I request the NBOME provide me with the same accommodations for the following COMLEX-USA examination (select only one):

Level 1

Level 2-CE

Level 3

Supporting Documentation

Attach previous accommodations decision letter received from the NBOME.

Certification and Authorization

By completing and submitting this application, I acknowledge that I have read and understand the eligibility requirements for test accommodations under the ADA and NBOME's Instructions to Request Test Accommodations. I also acknowledge that I have read and agree to the Terms and Conditions contained in the COMLEX-USA Bulletin of Information. I also represent, under penalty for perjury, that the information provided by me on the Request for Test Accommodations Application in support of my request for test accommodations is true and correct.

Candidate's Signature:

Date:



CURRENT CONTACT INFORMATION

College of Osteopathic Medicine:

Home Address:

City:

State/Province:

Zip Code:

Email Address:

Phone: