

NATIONAL BOARD OF EXAMINERS IN OPTOMETRY®

REQUEST FOR TEST ACCOMMODATIONS

In accordance with the Americans with Disabilities Act, as amended (ADA) and other applicable law, NBEO will provide reasonable test accommodations for all qualified candidates for NBEO examinations.

Please provide the following information and return this signed form by email to NBEO at accommodations@optometry.org.

Name: _____ OE TRACKER Number: _____

Address: _____

City: _____ State: _____ ZIP: _____

Email: _____ Phone: _____

Name of Exam: _____ Exam Date: _____

1. Category of accommodation requested: ____ Medical Accommodation ____ Religious Accommodation (if Religious Accommodation please complete numbers 3 & 4 below)
2. If seeking a medical accommodation, what is the nature and severity of the disability?
3. What accommodation(s) are you requesting? Accommodation(s) must be appropriate to the medical disability or religious practice/belief (be specific). Use a separate sheet if more space is needed.
4. Describe the prior accommodation you have received, if any.

If seeking a medical accommodation, written disability documentation from an appropriate health care professional must be provided. This written material must compellingly support the test accommodation(s) being requested. The written material should be submitted by email to accommodations@optometry.org. The documentation must include a current diagnosis of your disability, the degree of severity, the procedures and specific clinical and/or laboratory data used in determining the diagnosis, and a specific recommendation and justification for the test accommodation(s) being requested.

I certify that the above information is true and accurate to the best of my knowledge. I understand that submitting false information on or in connection with this Request for Test Accommodations form may be considered Improper Conduct under the NBEO Candidate Agreement and Ethics Policy.

I acknowledge and agree that any information submitted by me or on my behalf may be used by NBEO and disclosed to its external reviewer(s) to evaluate my eligibility for accommodations.

Signature: _____ Date: _____