In accordance with the Americans with Disabilities Act (ADA), 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 nbeo@optometry.org.

Name: _______________________________________________________________________________________________________

OE TRACKER Number: ________________________________ Gender: ☐ Male ☐ Female

Address: _____________________________________________________________________________________________________

City: __________________________________________________ State: ____________ ZIP: ______________________________

Email: __________________________________________________________ Phone: __________________________________________

Name of Exam: ___________________________________________ Exam Date: ______________________________

What is the nature and severity of the disability?

What accommodation(s) are you requesting? Accommodation(s) must be appropriate to the disability (be specific). Use a separate sheet if more space is needed.

Describe the prior accommodations you have received, if any.

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 nbeo@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.

Signature: _____________________________________________ Date: ______________________________