

NATIONAL BOARD OF EXAMINERS IN OPTOMETRY
Request for Test Accommodation due to ADA-Eligible and Non-ADA-Type Disabilities

In accordance with the Americans with Disabilities Act Amendments Act (ADAAA), the National Board will provide reasonable test accommodations for all qualified candidates for NBEO examinations.

Please provide the following information and return this signed form by mail, fax (704-332-9568), or email (nbeo@optometry.org) to the NBEO. Applications will be reviewed only when this completed form and all disability documentation have been received by the NBEO.

1. Name: _____
Last First Middle Initial

2. OE Tracker #: _____

3. Gender: Male Female

4. Address: _____
Street

City State/Province Zip/Postal Code
() _____
Area Code Daytime Telephone Number E-Mail Address

5. Exam: _____
Name of Exam Exam Date

Requested Site

6. What is the nature and severity of the disability? _____

7. 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. _____

8. Describe the prior accommodations you have received, if any. _____

9. Please arrange to have written disability documentation submitted from an appropriate health care professional. This written material must compellingly support the test accommodation you are requesting. Your evaluator must mail, fax, or email the documentation directly to NBEO under separate cover. A candidate's need to bring ANY item into an examination test site, or to alter in ANY manner the standard testing conditions provided, is considered to be a test accommodation and requires the candidate to complete a Request for Test Accommodation form and to provide disability documentation. All limitation documentation must include a current diagnosis (made within the last three years for ADA, or within the last three months for non-ADA) 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 accommodations you are requesting. Additional details can be found in the *Documentation Guidelines/Requirements* that are available on the NBEO website (click [HERE](#)). Please note that inadequate disability documentation will result in a denial of test accommodations for the current NBEO examination. Accommodations are extended only to qualified candidates. NBEO strives to accommodate truly disabled candidates, to maintain a fairly administered examination for all test takers, and to avoid providing unwarranted advantages for any individual candidate.

10. Authorization

I certify that the above information is true and accurate. If clarification or further information regarding the documentation is needed, I authorize the NBEO to contact the professional(s) who diagnosed the disability and/or any school, college, testing center, or other entity that has granted me a test accommodation in the past. I authorize such professionals and entities to communicate with the NBEO in this regard to provide the NBEO with such clarification and/or further information.

Signature _____ Date _____