



**NBOME**

**REQUEST FOR ACCOMMODATION  
APPLICATION**

**COMLEX-USA LEVEL 2-PE  
Clinical Skills Examination**

## INSTRUCTIONS

1. Read this Request for Accommodation Application in its entirety.
  2. Complete and sign the attached Candidate Questionnaire.
  3. Have the Dean of your medical school complete and sign the Osteopathic Medical School Questionnaire.
  4. Obtain all necessary documentation from the qualified professional(s) who evaluated your impairment.
  5. Submit all documentation and questionnaires to the ADA Coordinator, National Board of Osteopathic Medical Examiners, 8765 W. Higgins Road, Suite 200, Chicago, Illinois 60631-4174.
  6. It is recommended that:
    - a. You retain a copy of all questionnaires and documentation submitted, and
    - b. Send the questionnaires and all documentation via a traceable or return-receipt method in order to provide proof of timely delivery to the NBOME office.
- \* **Please note that review of request for accommodations will not begin until all documentation is received by NBOME. The process of review can take up to eight weeks. Once the candidate has received notification regarding testing accommodations, the candidate may schedule to take the COMLEX-USA PE as indicated below under SCHEDULING.**
- \* **All candidates seeking accommodations for disability are strongly advised to consult the NBOME Candidate Request for Accommodation Handbook, the Bulletin of Information, and Website for additional applicable information and requirements that pertain to the application process.**

## COMLEX-USA LEVEL 2-PE – CLINICAL SKILLS EXAMINATION

The objectives of the multiple-choice COMLEX Levels 1, 2 and 3 and the performance evaluation component (Level 2-PE) are different. Computer-based Levels 1, 2 and 3 assess the examinee's osteopathic medical knowledge essential for osteopathic generalist physicians to practice medicine without supervision. The performance evaluation measures the clinical skills required for the timely, safe, efficient and effective patient care.

Specifically, the COMLEX-USA Level 2-PE examination measures the candidate's ability to successfully perform during a 14-minute clinical encounter with a standardized patient the following clinical skills, as appropriate (at each of the twelve stations): doctor-patient communication, interpersonal skills, professionalism, medical history-taking, ability to personally perform an appropriate physical examination, application of osteopathic principles, and the ability to personally employ osteopathic manipulative treatment.

This part of the examination is intended to measure not only the candidate's core clinical skills under standardized conditions, but the candidate's ability to perform those skills in a timely, efficient, safe, and effective manner.

The NBOME provides several universal access and accommodation features, including:

- Wheelchair accessible examination rooms, SOAP note writing desks.
- Wheelchair accessible hallways, lavatories, break rooms and common areas.
- Adjustable electric examination and treatment tables in every examination room.
- Portable examination equipment.
- Adjustable chairs/stools in examination rooms and at SOAP note writing tables.
- Spacious testing center with significant spacing between SOAP note writing tables.
- Quiet testing environment.
- Center and examination room signage in Braille.

Additional accommodations may be provided when appropriate, such as sign language interpreters, scribes or cassette recording devices (for dictations), audio players for doorway information, large print or Braille doorway information and exhibits (EKG/X-Ray Reports), approved amplified stethoscopes, hearing aids and mobility aids.

The COMLEX-USA Level 2-PE examination is designed to test the ability of the candidate to personally perform physical examinations and osteopathic manipulative treatment. Therefore the NBOME cannot grant any accommodation such as a personal aid or assistance to perform these portions of the examination. Such an accommodation would be a test of the ability of the personal aid or assistant to perform a physical examination or osteopathic treatment and therefore fundamentally alter what is being tested – the ability of the candidate to personally perform those services.

The NBOME may approve a request of a qualified candidate for additional time between encounters to write a SOAP note or because of a physical impairment, if appropriate. However, because the COMLEX-USA Level 2-PE examination is administered with tightly scheduled and timed rotations through twelve stations, any disruption of the scheduled rotations to provide an ADA accommodation would adversely impact the administration of that examination and would cause an unreasonable burden on the NBOME and other candidates.

Therefore, any candidate entitled to an ADA accommodation that would require additional time between stations, such as additional time to write the SOAP note, will be scheduled so that the administration of the examination will not disrupt the regularly scheduled timed rotations of other candidates.

Though the NBOME may grant when appropriate an ADA accommodation of additional time between standardized patient encounters, the NBOME cannot provide any time extension accommodation for a candidate to perform the clinical skills required during the 14-minute encounter with a standardized patient.

The examination is intended to measure at each station during the 14-minute encounter with a standardized patient the candidate's proficiency and efficiency in performing certain clinical skills within that standard time period. Performance of those certain clinical skills within this standard time period is necessary to evaluate the candidate's proficiency

and efficiency in performing those skills as would be expected of a qualified medical student during a similar encounter with a patient.

A standardized time measurement period limited to 14 minutes is also appropriate to assess the candidate's competency in a real-life situation. Any additional time could jeopardize the safety and well being of the patient who may have a life-threatening condition requiring the physician's proficient and efficient use of his or her clinical skills within a limited time period.

Consequently, the NBOME cannot grant any extension of standard 14-minute time for an encounter with a standardized patient because any such extension would fundamentally alter what the COMLEX-USA Level 2-PE examination is intended to measure.

Candidates should also note that because of the differences in format and measurement objectives of the COMLEX-USA Level 2-PE, requests for accommodations will be reviewed in light of the applicant's identified functional impairments specific to the performance requirements of each individual examination. Thus, an accommodation for COMLEX Level 1 or 2 may not warrant similar accommodation for Level 2-PE.

## ELIGIBILITY

A candidate is qualified for an accommodation under the Americans with Disabilities Act ("ADA") if he or she has "a physical or mental impairment that substantially limits one or more major life activities of such individual." A candidate's physical or mental impairment "substantially limits" a major life activity if (a) the activity limited by the candidate's impairment is important to most people in their daily life (e.g., walking, seeing), and (b) the candidate cannot perform that life activity with same ability as most people in the general population.

If the candidate's has an impairment that "substantially limits" a major life activity as compared to most people, he or she has a disability for which an accommodation may be required under the ADA ("Disability"), provided the candidate makes timely application to the NBOME for an ADA accommodation and sufficiently documents his or her Disability and need for the requested accommodation.

Even though the candidate has a Disability as defined by the ADA, the NBOME is not required to accommodate that individual if the accommodation would fundamentally alter the nature of the performance evaluation program or what the examination is intended to measure, or would unreasonably burden the NBOME or other candidates.

## SCHEDULING

To best meet the needs of the individual candidate, those that have requested and received an accommodation by the NBOME to take the PE Examination must contact the NBOME National Center for Clinical Skills Testing in Conshohocken, PA by PHONE at 1-866-NBOME97 or 1-866-626-6397 to schedule their examination.

## RE-APPLICATION

If a candidate receiving an ADA accommodation to take the COMLEX-USA Level 2-PE examination applies to take any subsequent clinical skills examination, the candidate must submit a written request for an accommodation with his or her reapplication. Upon receipt of the written request, the NBOME will review the candidate's file and advise the candidate whether or not new or additional documentation is necessary.

## CANCELLATION

A candidate may cancel a scheduled COMLEX-USA Level 2-PE/Clinical Skills Examination only by calling the NBOME National Center for Clinical Skills Testing (866-NBOME97) prior to the scheduled administration of that examination. The required rescheduling fees that must be paid by the Candidate are detailed in NBOME's Bulletin of Information.

## REQUIRED DOCUMENTATION

- I. In order for a request for an accommodation to be considered, candidates must submit all of the following documentation:
  - a. A completed Candidate Questionnaire.
  - b. A completed Osteopathic Medical School Questionnaire.
  - c. An evaluation from a qualified professional explaining in detail the following:
    1. Diagnosis of the physical or mental impairment.
    2. Identification of the major life activity/activities of the candidate limited by his or her impairment, and an explanation of how the candidate's impairment substantially limits that major life activity/activities as compared to most people.
    3. The specific modifications to the COMLEX-USA Level 2-PE examination administration needed to accommodate the candidate's impairment to make the examination accessible to the candidate.
    4. Explanation why each accommodation(s) is necessary in the setting of clinical skills testing.
  - d. The date(s) of the assessment of the candidate's impairment(s).
  - e. A clear and comprehensive description of the **specific diagnostic criteria** used and the names of all diagnostic tests used, including date(s) of evaluation, a list of specific test results in standard score format and a detailed interpretation of the **test results** in support of the diagnosis (the tests used must be reliable, valid and standardized to an adult population).
  - f. All **relevant educational, developmental and medical history** pertaining to the candidate's impairment(s) must be provided.
  - g. A description of the treatment, if any, that has been prescribed or provided for the diagnosed impairment.
  - h. A history of treatment provided to the candidate by the evaluating professional.
  - i. The qualifications of the evaluating professional.
- II. If all the information listed above is not provided, the Request for Accommodations application is incomplete and a decision on the request will not be made.

- III. The most recent assessment date must be no more than **three years** prior to the examination administration date, and must be applicable to the performance of the requisite clinical skills being tested.

### CONSIDERATION PROCESS

The NBOME provides reasonable and appropriate accommodations for candidates with a documented physical or mental impairment that substantially limits a major life activity of the candidate, as compared to most people, as required by the ADA. Before an accommodation request will be considered, the Application for Test Accommodations, including the Candidate Questionnaire, and Osteopathic Medical School Questionnaire, using the forms included with this application, must be completed and submitted to the NBOME office, **with all required supporting documentation**.

The applicant is responsible for obtaining documentation, including the cost of providing documentation. The NBOME reserves the right to request additional documentation.

The NBOME reserves the right to verify all information and documentation provided in support of the request for an accommodation. If an applicant deliberately misrepresented any information provided for accommodation consideration, the NBOME may refuse the accommodation request and /or revoke or deny the candidate's eligibility to take any NBOME examination.

The applicant requesting an accommodation will remain registered for the examination while the request for an accommodation is under consideration.

### RECONSIDERATION PROCESS

A candidate who has been denied a requested accommodation by the NBOME may, at any time **prior to scheduling** the examination, resubmit his/her application to the NBOME offices in Chicago with a request for reconsideration of the request for accommodation if **new or additional compelling diagnosis, data, findings or other information** is provided that would warrant reconsideration of the request. The NBOME will, at that time, consider such new or additional information, and advise the candidate of any revision in the accommodation decision when such information is verified and processed.

### REQUEST FOR MODIFICATION OF ACCOMMODATION

Any request for a modification of an accommodation granted by the NBOME must be **in writing and received** in the NBOME offices in Chicago in writing **prior to scheduling** the Level 2-PE Examination, with appropriate documentation. The request for a modification of a previously granted accommodation will be considered the same as the original application and may be denied.

**COMLEX-USA LEVEL 2-PE/CLINICAL SKILLS EXAMINATION**

**APPLICATION FOR TEST ACCOMMODATION – CANDIDATE QUESTIONNAIRE**

**National Board of Osteopathic Medical Examiners, Inc.**

1. The application and all documentation supporting this request for accommodation **MUST BE TYPED OR PRINTED**. Illegible materials will not be considered.
2. Complete the entire application and answer all questions (attach additional answer sheets if more space is needed to properly and fully respond to this questionnaire).
3. Include all required documentation. See instructions accompanying this application form.
4. Submit this form, Osteopathic Medical School questionnaire, and supporting documentation to NBOME, 8765 W. Higgins Road, Suite 200, Chicago, IL 60631-4174
5. It is recommended that all documentation be submitted via a traceable or return-receipt method in order to verify timely delivery

NBOME ID #: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone # (Day): \_\_\_\_\_

\_\_\_\_\_ Phone #(Evening): \_\_\_\_\_

\_\_\_\_\_ Email Address: \_\_\_\_\_

1. Impairment. I have been diagnosed with the following physical or mental impairment(s) that substantially limits my major life activity/activities: \_\_\_\_\_

\_\_\_\_\_

(a) Describe in detail how this impairment(s) substantially limits your major life activity/activities:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(b) Does this impairment(s) affect the conduct of your clinical clerkship responsibilities? No \_\_\_\_ Yes \_\_\_\_\_. If so, describe in detail how your impairment affects the conduct of your clinical clerkship:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Diagnosis. Has your impairment been professionally diagnosed? No \_\_\_\_ Yes \_\_\_\_.  
If so, my impairment was diagnosed on \_\_\_\_\_ (date(s)) by the following professionals:

(a) Name and qualifications of professional(s) diagnosing or treating my impairment:

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(b) Describe all treatment, medication and/or remediation you have received for your impairment: \_\_\_\_\_

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(c) Have you ever received a diagnosis or opinion that you do not have the impairment? No \_\_\_\_ Yes \_\_\_\_\_. If so, state the date of such diagnosis or opinion, the name, address and qualifications of the professional or other person expressing such diagnosis or opinion, and include with this application any report or other documentation pertaining to that diagnosis or opinion:

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(d) Have you ever received any treatment, or corrective or mitigating measures, for your impairment? No \_\_\_\_ Yes \_\_\_\_\_. If so, describe, including dates, nature and results, of all such treatment, corrective or mitigating measures received or provided for your impairment: \_\_\_\_\_

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3. Accommodation Requested. I request the following accommodations(s) when taking the COMLEX-USA Level 2-PE Clinical Skills Examination: \_\_\_\_\_

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This requested accommodation is necessary because:

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4. Prior Accommodation(s). Have you ever previously received an accommodation for your impairment? No \_\_\_\_ Yes \_\_\_\_\_. If so, describe all accommodations previously received, including the date(s) the accommodation was provided and the identity of the school(s) or testing agency/agencies providing you with the accommodation:

(a) Accommodation(s) in educational setting: \_\_\_\_\_

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(b) Accommodation(s) in test taking (other than clinical testing): \_\_\_\_\_

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(c) Accommodation(s) in clinical skills or performance-based tests: \_\_\_\_\_

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(d) Other accommodations: \_\_\_\_\_

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(e) Have you ever been denied any requested accommodation? No \_\_\_ Yes \_\_\_\_\_. If so, state the date of each such denial, identify the school(s), testing agency/agencies or other entity denying the requested accommodation, and describe in detail the circumstances of each request for an accommodation and any stated reasons for the denial: \_\_\_\_\_

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5. Testing Without Accommodation. Have you ever taken any examination or test without an accommodation? No \_\_\_ Yes \_\_\_\_\_. If so, describe all examinations you have taken without an accommodation, and for each such examination state the date(s) or period(s) the examination(s) was administered, the school or testing agency administering such examination, and whether or not you successfully completed the examination without an accommodation: \_\_\_\_\_

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**I, THE UNDERSIGNED APPLICANT FOR ACCOMMODATION (S) UNDER THE ADA,**

**1. CERTIFY, UNDER THE PENALTIES FOR PERJURY, THAT ALL THE FOREGOING REPRESENTATIONS AND ACCOMPANYING DOCUMENTATION ARE TRUE AND COMPLETE,**

**2. AGREE TO THE REQUIREMENTS OF THIS REQUEST FOR ACCOMMODATION, THE NBOME'S CONDITIONS OF THE ADMINISTRATION OF THE COMLEX-USA LEVEL 2-PE EXAMINATION, AND ANY ACCOMMODATION THAT MAY BE PROVIDED, AND**

**3. AUTHORIZE ANY PERSON, SCHOOL, COMPANY, FACILITY, OFFICE AND/OR ENTITY WHICH HAS INFORMATION OR DOCUMENTATION RELATING TO MY REQUEST FOR ACCOMMODATION (S) TO CONSULT WITH, TO MAKE WRITTEN REPORTS TO, AND TO RELEASE INFORMATION INCLUDING, BUT NOT LIMITED TO, MEDICAL AND/OR TESTING RECORDS, TO THE NBOME OR ITS REPRESENTATIVES.**

Applicant: \_\_\_\_\_ Date: \_\_\_\_\_  
(Signature)

**COMLEX-USA LEVEL 2-PE/CLINICAL SKILLS EXAMINATION**

**OSTEOPATHIC MEDICAL SCHOOL QUESTIONNAIRE**

This questionnaire is to be completed by the Dean of the osteopathic medical school/college where the applicant has studied osteopathic medicine, and forwarded to the NBOME by the candidate with a completed Candidate Questionnaire, supporting documentation and examination application.

I, \_\_\_\_\_, as the Dean of \_\_\_\_\_  
Name of dean Osteopathic medical school/college  
\_\_\_\_\_, verify that \_\_\_\_\_ is on  
Name of applicant  
record at this osteopathic medical school/college as having the following physical impairment: \_\_\_\_\_

This applicant has received accommodation(s) in an educational setting \_\_\_\_\_ Yes \_\_\_\_\_ No  
(If yes, please complete the following)  
What accommodations(s) were given: \_\_\_\_\_

This applicant has received accommodation(s) in performance-based testing (e.g., Clinical Skills Exams, OSCEs) \_\_\_\_\_ Yes \_\_\_\_\_ No (If yes, please list the accommodations provided)

If the candidate was provided an accommodation under the Americans with Disabilities Act ("ADA"), describe all diagnosis and/or documentation provided to or considered by the school in support of the candidate's request for an accommodation: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(Dean of osteopathic medical school/college)

\*\*\*\*PLEASE TYPE OR PRINT BELOW\*\*\*\*

Name of Dean: \_\_\_\_\_ Official Title: \_\_\_\_\_

Business Address: \_\_\_\_\_ Business Phone \_\_\_\_\_  
\_\_\_\_\_ Business Fax \_\_\_\_\_  
\_\_\_\_\_

**\* THE NBOME RESERVES THE RIGHT TO VERIFY ALL INFORMATION SUBMITTED\***