

NATIONAL BOARD OF EXAMINERS IN OPTOMETRY®

Request for Test Accommodations

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 accommodations@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 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.

Signature: _____

Date: _____