

## Appendix E: Template for Provider

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[Professional letterhead]

[Date]

Dear NBME Disability Services,

[Student] has been my patient since [date]. [Student] was first diagnosed with [diagnosis] in [date].

[Student]'s [diagnosis] is characterized by [list all symptoms].

Because of these symptoms, [student] has difficulty with [list effects/functional impact of diagnosis] [frequency (i.e., daily, frequently, often)].

If episodic symptoms apply:

[Student]'s disability is episodic in nature. Episodes of [diagnosis] occur [frequency] and last [duration]. The last episode [student] experienced was [date/month]. For [student], these episodes result in [impact of episodes].

If timing is a factor:

The timed nature of this exam is inaccessible for [student] because of their [diagnosis]. Specifically, the amount of time allotted for each question is insufficient as [student] experiences [the impact of the diagnosis on timing (e.g., inability to sustain attention, need to reread items, experience medical episode, etc.)].

If length is a factor:

The eight-hour testing day is beyond the amount of time that [student] can [impact on testing for a long period of time (e.g., sit, focus, process information, etc.)] in one day, even with ample breaks.

If physical or technical access is a factor:

[Student] will not be able to complete the exam in the standard time provided because [student]'s [diagnosis] necessitates the use of [assistive technology or specialized equipment], which requires additional time not required by their peers.

If a student has side effects from medication:

[Student]'s [diagnosis] is treated with [medication with dose and/or other treatment]. Side effects of [medication or treatment] include [thorough outline of side effects]. [If applicable, comment on the interaction of medication with other medications or treatment modalities that negatively impact the student].

Statement about how you reached a diagnosis. Be very specific:

[Student] was diagnosed with [DX] by way of a thorough diagnostic process including [indicate all diagnostic measures, methods, specific data, etc.].

To have equitable access to the USMLE exam, [student] requires the following accommodation[s]:

Use all that are applicable (as many as you judge helpful, there isn't a set limit, but ONLY what makes sense):

- [25% / 50% / 100%] Extra testing time, which is necessary so that [student] can [functions/specify the impact of disability].
- Additional break time, which is necessary so that [student] can take substantial breaks to address specific needs, including [list specific needs (e.g., refocus, address symptoms, regulate blood sugar, etc.)].
- Private testing room, which [student] requires to minimize distraction and increase concentration as a direct result of their [diagnosis].
- Screen reader software, which [student] requires to gain full access to test content and instructions due to [diagnosis].
- Text-to-speech software requires [student] to minimize the amount of text read and allows the [student] to focus on exam content and critical analysis.
- [Assistive technology for hearing], which is necessary for [student] to access and answer questions with audio elements despite their hearing disability.

Thank you in advance for your consideration. Should you have questions, please reach out to me directly at [office number].

Sincerely,

[Signature]

[Name, titles, license]

[Date]