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Access in Medicine

# Guide to Requesting Accommodations on the USMLE Step Exams

October 20, 2023

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**DOCS**  
WITH DISABILITIES  
— INITIATIVE —

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**Acknowledgment:** We wish to thank the following people for their careful review and feedback on this document: Rylee Betchkel, Zainub Dhanani, Charlie Ferreri, Kara James, Aggie McGrane, Matt Sullivan, and Jacque Knedler, Karyn LaTurner, and Tom Webb.

## About this Guide

This guide is a revision of an original resource created in partnership with the University of California San Francisco (UCSF) and Drs. Neera Jain and Lisa Meeks and is informed by Chapter 6 [Requesting Accommodations on Certification, Licensing, and Board Exams: Assisting Students Through the Application by Neera R. Jain, Lisa M. Meeks, and Colleen Lewis] of the 2nd edition of *Equal Access for Students with Disabilities: The Guide for Health Science and Professional Education*. Changes to the Step examination format, feedback from learners and disability resource professionals (DRPs), updates in legal guidance, and the release of an updated volume of the book “The Guide” necessitated a revised version of this resource.

This version of *A Guide to Seeking Accommodations on the USMLE Examinations* has also grown in scope, with additional resources for students, providers, and disability professionals, including a checklist for providers, personal statement prompts for students, and a section that describes the “average person” standard, the basis on which applicants are evaluated psychometrically.

We hope this resource provides support for all stakeholders in medical education. We encourage medical schools to integrate this resource into their practices and to make this guide readily available to their students.

We wish all the students and DRPs undergoing this process the very best in their pursuit of access.

– Neera Jain and Lisa Meeks

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**Recommended Citation:** Meeks LM\*, Jain NR\*, Triano S, Güler R, Nahm S, Serrantino J, Kaplan E, Clifford G, O’Connor C. The guide to requesting accommodations on the USMLE step examinations. Meeks LM, Jain NR (editors). The Docs with Disabilities Initiative: Access in Medicine Program. September 2023. <https://www.docswithdisabilities.org/usmle-accommodations-guide>

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## Disclaimer

The authors of this guide are not the experts in the National Board of Medical Examiners (NBME) process. We defer to the NBME for official guidance on the process, as they evaluate and determine accommodations for the Step 1, 2, and 3 exams. This document offers a supplement for students and DRPs to unpack the hidden curriculum of this process, based on our collective experience supporting students to request accommodations on high-stakes exams.

## Why is this guide needed?

Our professional experience and research findings demonstrate that students with disabilities must engage in a labor- and time-intensive process to request accommodations for high stakes exams; one that is not required of their non-disabled peers. This process can be arduous, emotionally draining, intimidating, and confusing. If not fully prepared and adequately supported, students will miss the opportunity to submit a quality application. Students with disabilities who forgo accommodation, or who are not approved for accommodation, risk failing the Step 1 exam. Failure on these exams holds material consequences, including the need to take a leave of absence, which may cause loss of financial support, insurance, and housing; delays in academic progression; impaired wellbeing; and even leaving their program.

## Equity Concerns in Access to Accommodations

We remain concerned about the inequities that exist prior to medical education (e.g., access to specialist diagnosis, access to high-quality documentation, financial and educational resources for early identification of disability and supportive intervention) and in the provision of accommodations for education and high stakes exams in medical training. We recognize that these inequities disproportionately affect students of color, those that are first generation to college, and those from socioeconomically disadvantaged backgrounds. These students enter medicine disadvantaged by myriad structural and cultural barriers that persist during medical training that need to be addressed by medical educators.

## Recommendations for Medical Schools

Our hope is that this guide provides DRPs and medical school leadership one level of support for their trainees. We encourage medical school leaders and DRPs to take seriously the barriers posed by an inherently privileged process and provide students the maximum level of support possible. This support will increase students' chances of full and equitable access to the exam and decrease the intense burden, who are already balancing personal, family, social, and academic priorities.

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## Intended Audience and Use for the Guide to Requesting Accommodations on the USMLE Step Exams

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Students and DRPs have considerable apprehension about the process for requesting accommodations on the United States Medical Licensing Examination (USMLE) series, namely Step 1, 2 CK, and 3. They often operate under the faulty assumption that “no one gets accommodations.”

This guide is intended to educate all stakeholders about the process for requesting accommodations, offer guidance on creating a timeline, crafting the personal essay, collecting robust documentation, providing letters of support for students, addressing appeals (if needed), and providing practical advice about managing the process.

While this guide is intended as a helpful supplement, it does not replace or serve as the primary source of information for accommodations on the Step examinations. All applicants should seek direct guidance from the National Board of Medical Examiners (NBME). The NBME is the sole arbiter of accommodation decisions and should also be the primary source of information.

Finally, this guide is also not a source of legal advice and is not a product of the NBME.

## USMLE Step Exams

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The NBME’s USMLE series (Step 1, 2 CK, and 3) is a crucial part of students’ medical school experience. For students with a disability seeking accommodations, it is essential to carefully prepare the application and review and update documentation (if needed) far in advance of the planned testing day. It is also critical that students understand the NBME’s requirements for documentation, how to craft a personal statement, and ascertain whether letters of support will be required.

Requests for accommodations on these exams are made directly to the NBME. The NBME sets its own requirements for requesting accommodations, including specifications for disability documentation, personal statements, and other required information for the application. The request process is outlined on the NBME's website.

## Myths about Getting Accommodations from the NBME

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The false narratives that permeate discussions about NBME accommodations operate as significant disincentives to applying for accommodations. When students do not receive accurate information, they may falsely believe that the application process is an uphill battle that cannot be won. Some belief systems perpetuated in the discussion include:

### **“Why even try? No one gets accommodations on the USMLE examinations.”**

Students report being told that “no one” ever gets approved for accommodations on the Step exams. One study of a sample of medical schools showed that approximately 48% of students who apply for accommodations on the Step 1 examination were approved<sup>1</sup> while anecdotal reports suggest that when medical schools have well-qualified, dedicated disability resource professionals (DRPs) with protected time to assist students with their applications, the numbers are much higher. Indeed, low approval rates are more likely to occur when students are unaware of the process, lack proper documentation, or lack support from their school. Under these conditions students may fail to submit a strong and timely application. Having school-based informed support, an organized plan, and submitting a strong application can, and often does, result in approval. Not applying for accommodations, however, will always result in not receiving them.

### **“Without a history of accommodations, students will automatically be denied.”**

Another false belief is that, if students have never received accommodations before, they will not receive accommodations from the NBME now. DRPs should caution students against making this assumption and instead work closely together to evaluate the student's background, current documentation, and disability-related needs, drawing a strong connection between the functional impairment caused by the disability and the barriers on the Step exams.

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<sup>1</sup> Petersen KH, Jain NR, Case B, Jain S, Meeks LM. Impact of USMLE Step-1 accommodation denial on US medical schools: A national survey. PLoS One. 2022;17(4):e0266685. doi: 10.1371/journal.pone.0266685.

## **“Students with previously approved accommodations on the MCAT are guaranteed accommodations by the NBME.”**

While previous use of accommodations on high stakes standardized exams (e.g., SAT, GRE, MCAT, LSAT) can provide historical evidence of disability needs, prior approval does not guarantee approval by the NBME. The NBME maintains specific eligibility criteria for applicants. For this reason, disability resource professionals are advised to carefully review the requirements outlined by the NBME to ensure the student’s accommodation requests are well supported.

## **“Test Scores are flagged, and documentation is not confidential.”**

### ***Flagging***

Students express concern that their accommodations will be reported to future residency programs via flagging (an annotation with a student's score indicating that their exam was administered under “nonstandard conditions”). While flagging was historically utilized on high-stakes exams, this is no longer in practice and residencies will not know that students received accommodations on USMLE examinations.

### ***Confidentiality***

Many students express concern about the ability of others to view their disability-related documentation. To address this concern the USMLE maintains a confidentiality statement:

*“All submitted disability related documentation is considered personal and confidential and is securely maintained. Access to such information is limited to those individuals responsible for processing and reviewing the documentation for the purpose of determining eligibility for test accommodations, including a professional review by experts in the appropriate area of disability. No information concerning a request for accommodations is released to a third party without a written request or consent from the individual, subject to any legal requirements to provide documents that NBME may have in its custody or control, and to the possible need to disclose such information to attorneys or other third parties in the event of any disputes relating to an accommodation decision.”<sup>2</sup>*

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<sup>2</sup> United States Medical Licensing Exam. Test accommodations. Accessed August 5, 2023.

<https://www.usmle.org/step-exams/test-accommodations>



# How to Begin the Process of Requesting Accommodations on the USMLE Step Exam

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The first step to applying for accommodations on USMLE exams is to get organized. This process is a team effort between the student and the DRP.

## **The role of the disability resource professional (DRP)**

This guide highlights the role of a DRP in assisting learners applying for testing accommodations for the USMLE exams. However, we recognize that not all medical schools have a designated DRP. This guide is intended for a diverse range of student support staff, such as learning specialists, academic support advisors, faculty, and diversity, equity, and inclusion officers who advise or support learners applying for testing accommodations at their institutions. Wherever DRPs are mentioned, note that these guidelines may also apply to all designated support personnel.

## **Prepare and apply early**

The NBME suggests that students submit their requests early and anticipate a response no sooner than 60 business days after confirmed receipt. In our experience, the response timeline can extend beyond 60 business days, especially during peak testing times. In addition, the preparation for the application (e.g., collecting documentation, writing the personal statement, securing letters of support) can take considerable time. We recommend allowing three to six months to prepare these documents. A well-developed application is the best chance for approval. Appendix A of this document outlines a general timeline to guide students through the application process.

## **Application**

All individuals wishing to apply for accommodations on the USMLE exams must complete a detailed application that includes their USMLE number. Students receive the USMLE number when they register for their exam. NBME Disability Services will not begin to review a request for accommodation prior to registration for the exam. The NBME will also not review an incomplete application.

***Indicate the intent to apply for accommodations.***

Why is this important? If students do not mark the application indicating the intent to apply for accommodations, the NBME will issue a regular testing permit, which will need to be canceled before the accommodations application is reviewed, adding time to the overall process. A detailed student checklist with a corresponding timeline can be found in Appendix B.

**Notification**

The NBME will email candidates to confirm receipt of their requests within a few days of submission. Students must be registered for their Step exam before the NBME starts reviewing their accommodation request. Students must realize that the lengthy review process will not begin until they have completed the full registration process and they have paid the registration fee.

**Scheduling the exam**

Students are not able to schedule their exam while their request is being reviewed so they must begin the application process early.

Once the NBME decides about an accommodation request, they will notify the student. In the days following the decision, students will receive their scheduling permit.

**Note:** Students can rescind their accommodation request by contacting the NBME. This will release the hold on their scheduling permit, which they typically receive a few days after their request to rescind.

**Accommodations on subsequent USMLE exams**

Students who were granted accommodations by the NBME for an earlier Step exam may choose to reapply for the same approved accommodation(s) using an abbreviated form named the “Subsequent Request for Test Accommodations” form. Fortunately, this process requires no additional documentation or personal statement unless the student requests additional or different accommodations.

## **If the request is denied**

If the NBME denies the initial request for accommodations, students may submit a reconsideration request. Waiting for the NBME's decision regarding an appeal (referred to as a reconsideration request) takes additional time not specified on the NBME website. In addition, the NBME may request additional documentation, which can reset the timeline for the application's review.<sup>3</sup>

Given this possibility, we recommend that students apply far in advance of the deadline for taking the exam, thereby leaving time for any contingencies. DRPs should discuss the process for applying for accommodations **during their initial intake meeting with students** or as early as possible in their training to allow ample time to prepare and possibly appeal the decision of the NBME.

### ***Reconsideration***

Students who consider the NBME's decision adverse (where the student's request is denied outright, only partially approved, or an alternative accommodation is approved that is deemed insufficient by the student) may request a reconsideration by submitting a signed and dated letter accompanied by new substantive supporting documentation. The NBME only allows one reconsideration per registration, so an initial reconsideration is essentially the student's only opportunity to provide the strongest possible case.

When formulating an appeal, students should ensure their appeal addresses the reasons for the denial. In many cases, the NBME will detail the specific reasons for the denial. Students should go through the letter line by line and directly connect their responses to the new or updated documentation they submit as part of the appeal.

### ***Timelines for reconsideration***

Pay attention to the NBME's deadlines regarding a reconsideration request. The request must be made for an anticipated test date within the student's original eligibility window. Students should contact their DRP and the healthcare provider(s) who supplied documentation early to allow enough time to receive additional documentation.

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<sup>3</sup> United States Medical Licensing Exam. Reconsideration. Accessed August 5, 2023.  
<https://www.usmle.org/step-exams/test-accommodations/reconsideration>

When requesting additional support from DRPs and healthcare provider(s) students should include the NBME’s denial letter. This helps providers determine the scope of documentation needed to substantiate the request. Similarly, the DRP or healthcare provider(s) may be able to write a clarifying letter expanding on the need or providing more context. A student checklist for appeal of denial of USMLE accommodations requests can be found in Appendix F.

***Alternatives to appeal/application***

The DRP should offer alternatives to students whose requests are denied or who choose not to engage in the NBME reconsideration process.

Alternatives include:

- 1) Connecting students with learning specialists for test-taking strategies and study skills. Learning specialists work with students to evaluate study skills, improve organization, and time management skills, and improve test-taking strategies.
- 2) Encouraging taking practice tests to build stamina and adjust to rigorous timing constraints. Practice tests are valuable learning tools that build familiarity with the board-style testing experience and increase confidence and comfort in the testing process.
- 3) If learning support is limited or the student’s needs go beyond typical issues of time, DRPs may wish to explore external USMLE prep programs. Examples of these programs include the PASS Program USMLE course, the Institute of Medical Boards, WOLFPACC, the Kaplan USMLE Prep course, and Varsity Tutors USMLE Prep courses. While we are not endorsing any one program, students have reported various levels of success with this additional support.

Please note that, like many resources for medical students, these programs are costly and may be prohibitive for students with limited financial resources. The medical school should attempt to provide additional resources to students struggling with board examinations and test-taking. DRPs should work with the learning specialist to review the available options and recommend those that best meet the student’s needs, advocating for the school to provide necessary support as needed.

## Timeline for requests

Students applying for accommodations for the first time should begin the process about 12 months prior to their anticipated exam date (e.g., starting in May prior to an exam scheduled for the following May); see Table 1 as an example.

<b>Steps in the process</b>	<b>Months prior to the exam date</b>
Review current documentation based on NBME requirements. Schedule updated testing (if necessary) with the appropriate provider. Develop a plan and timeline to apply for accommodations on the USMLE Step exam. Begin to draft a personal statement.	At matriculation/within the first year of medical school.
Begin completion of the application. Student revises personal statement. Request official MCAT scores. Collect any additional documentation necessary.	12 months prior to the exam
DRP reviews the application, including the personal statement, and completes the “Certification of Prior Accommodations” form. DRP constructs additional letters of support (optional).	10-12 months prior to the exam
Finalize a personal statement. Students apply for USMLE ID and register for the exam. Identify multiple potential testing centers that meet accommodation needs. DRP and student review documentation and letter(s) of support and make any adjustments. Make sure <b>all</b> supporting documentation is signed and dated.	8-10 months prior to the exam
Compile application into a single PDF (if less than 15mb) that includes all forms, statements, letters, etc. Email to <a href="mailto:disabilityservices@nbme.org">disabilityservices@nbme.org</a> . Confirm receipt of request (within 48 business hours).	6-8 months prior to exam
Wait for an accommodation decision.	3-6 months prior to exam
Reserve testing location/date. Engage in reconsideration process, if needed (see Appendix F).	Upon receipt of decision

# The Personal Statement

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*“Personal Statement: Attach a signed and dated personal statement describing your impairment(s) and how a major life activity is substantially limited. The personal statement is your opportunity to tell us how your physical or mental impairment(s) substantially limits your current functioning in a major life activity and how the standard examination conditions are insufficient for your needs. In your own words, describe the impact of your disability on your daily life (do not confine your statement to standardized test performance) and provide a rationale for why the specific accommodation(s) you are requesting are necessary in the context of this examination.”<sup>4</sup>*

The NBME requires a personal statement as part of the accommodation request application. Drafting and finalizing the personal statement is often the most time-consuming part of the application process but can be one of the most critical and compelling parts of the request. This is the student’s only opportunity to share their personal experience living with a disability.

Though it is called a “personal statement,” this submission is different than a typical personal statement. This personal statement is unique and should focus on areas of difficulty, rather than strengths. It is not the time to talk about how well one has been doing. Instead, students will need to highlight what activities are difficult, how they manage these difficulties, and ongoing challenges across multiple domains of their life. This may feel counterintuitive and can be emotionally challenging to write. The role of the DRP is to support the student through this process, discuss the personal statement, and provide meaningful feedback. While DRPs should not provide extensive editing, they should work with students to help best articulate their needs and help them avoid the most common issues with the personal statement.

## Points of consideration for personal statements

### **1. Explain the nature of the disability and why accommodations are necessary.**

Include a description of the day-to-day impact of the disability - not just the impact on academic tasks, like taking exams. Consider the impact on interpersonal relationships,

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<sup>4</sup> United States Medical Licensing Exam. Request for test accommodations. Accessed October 3, 2023. [https://www.usmle.org/sites/default/files/2021-09/Accommodations\\_Request\\_Form.pdf](https://www.usmle.org/sites/default/files/2021-09/Accommodations_Request_Form.pdf)

employment, course withdrawals, personal organization, driving record, financial management, etc.

## **2. Focus on areas of difficulty rather than strengths.**

This may be difficult for the student, and the DRP may need to explain why this is necessary. Students with disabilities are often taught to emphasize their strengths when speaking about themselves. However, in an NBME personal statement, this can work against the student. The personal statement requires that students highlight their academic difficulties and clearly explain the mechanisms behind their success. It is essential that the student connect the disability and related barriers to the exam and how the accommodations will ameliorate the barriers.

The burden to prove that the requested accommodations are necessary is on the student. Be very clear about the barriers posed by the test and the anticipated outcome if the accommodation is not in place. The barrier must be clearly connected to a student's disability and substantiated by the disability documentation provided.

## **3. Pay close attention to the language used to describe the accommodation needs.**

The personal statement should not refer to their accommodation request as a **preference** for an accommodation, but rather should emphasize a need for the accommodation. The student must explain why the accommodations are necessary to ensure equitable access to the exam.

For example, students should not **use phrases** like *"I would do better with"* or *"to ensure my success,"* as accommodations are designed to ensure **access**, not success. They should also avoid using phrases such as *"learning differences"* or *"overcame,"* as testing agencies are only interested in disabilities that require accommodations.

The personal statement should be succinct. We do not recommend personal statements over 3 pages long unless there is a significant need to explain gaps in previous accommodation, documentation, or other special circumstances.

It can be difficult to start writing a personal statement. To help students get started, Appendix C offers writing prompts and provides an outline and topics that may be relevant to support their case.

## What Is the Threshold for Getting Accommodations?

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The NBME uses the “average person standard” to determine accommodation eligibility. But what does this mean to the applicant? Knowledge of the bell curve is necessary to understand the “average person standard.”

### The bell curve

The bell curve is a visual depiction of the distribution of IQ and achievement scores across the general population where the average score is 100 and the statistical variation, called the standard deviation, is +/- 15 points. The bell curve shows that on measures of intelligence and achievement about 68% of people, or the average person, will achieve a standard score between 85-115. The average percentile range equivalent lies between the 16th and the 84th percentile. The standard scores and percentile equivalents considered within the average range are one mechanism used to delineate the average person standard.

### Average person vs. discrepancy models

The process for determining a learning disability requires a comprehensive evaluation that includes a minimum of two types of assessments: intelligence and achievement tests.

In the kindergarten through high school (K-12) compulsory education systems, the discrepancy model has been used to determine if a learning disability exists (e.g., specific learning disorder in reading, math, written expression, language processing, etc.) and the limitations of learning. This is the model likely used to diagnose many of the students entering medical education. This diagnosis does not, in and of itself, qualify a student as “disabled” for the purposes of the USMLE Step accommodations.

The **discrepancy model** compares scores from intelligence tests with standardized scores and percentiles on achievement measures. Psychologists often look at the vast disparity between these two as an indicator of a disability, even if the low/discrepant score falls within the average range of performance.

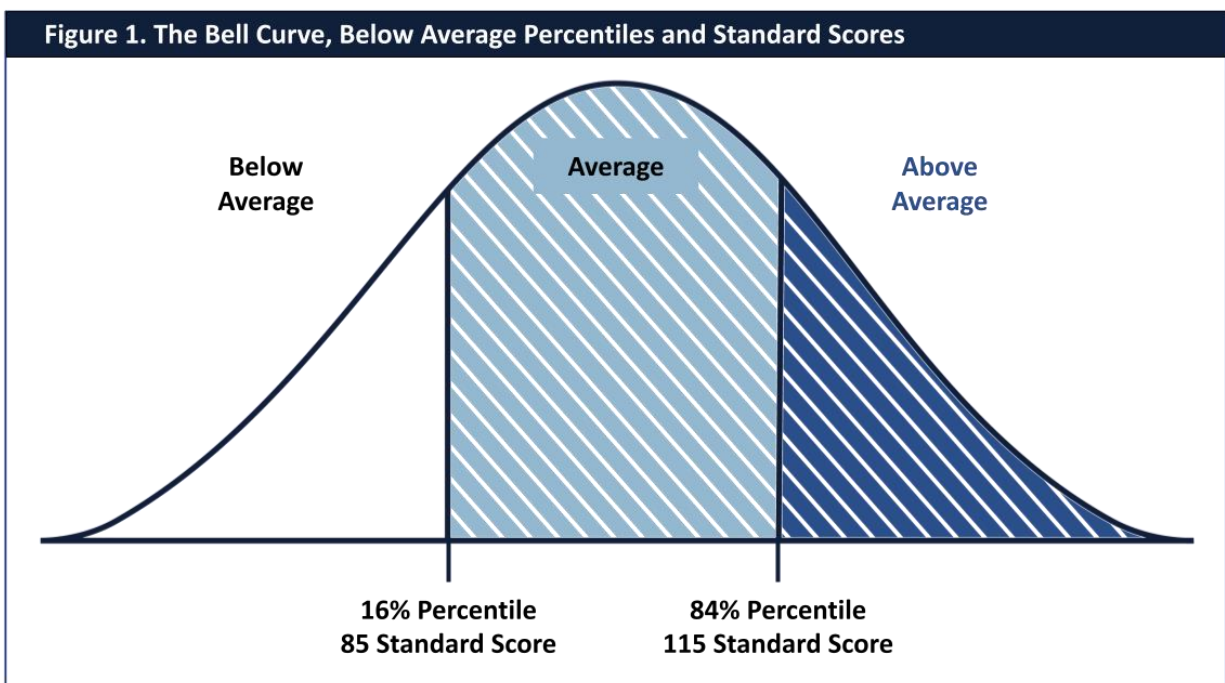
Under the discrepancy model, someone may be diagnosed with a learning disability if they have an IQ of 145 (98%), which is two standard deviations above the mean, but their reading comprehension on an achievement test yields a standard score of 90 or the 25th percentile. In



this example, there is a significant difference between the IQ score and the academic achievement subtest, which may justify a diagnosis of a learning disability.

### “Average person standard”

The “average person standard” contrasts the discrepancy model. Under this standard, a learning disability is not determined by disparity between IQ and achievement scores, but rather by considering percentile scores on the bell curve compared to the average person within an age range. Recall that a standard score of 100 is considered average and that most people score between 85-115 on IQ and achievement standard scores. To be considered impaired, or below the average person's performance, a student would need a standard score of 85 or below, falling below the 16th percentile [see Figure 1]. So, in the example above, a reading comprehension score of 90 is within the average range and, therefore, would not indicate a disability under the average person standard.



The NBME uses the “average person standard” to determine if a learning disability exists and if a learning disability creates a substantial limitation on an exam. Because of this, DRPs should carefully review a student’s documentation when determining possible accommodation requests, being mindful of the NBME’s use of the “average person standard.”

## Documentation

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### Use of prior accommodations

Most students applying for USMLE accommodations have had accommodations during medical school. When this is the case, students must include the "Certification of Prior Test Accommodations" form in their application. It is the responsibility of the DRP or designated institutional official to complete this form. This brief form asks for approved accommodations and justification for accommodations. This portion of the form often goes unanswered and can be detrimental to the strength of a student's application. DRPs should take time to thoroughly provide the rationale for the approved accommodations and the barriers that each requested accommodation addresses.

### Documentation requirements and considerations

The NBME maintains specific requirements related to disability documentation. They require evaluations from qualified professionals that include a full and detailed account of the steps used to make a diagnosis, including methods, results, analysis, and interpretation. This must include a complete account of functional limitations with specific attention to the limitations relevant to the exam format and the recommended accommodations with associated rationale.

### Timeliness of documentation

In general, documentation should be dated within the past three years; however, more recent documentation may be required for conditions that change frequently by nature or with treatment and time, like depression or anxiety. The need for updated documentation adds to the timeline for requesting accommodations and highlights the need to begin the process early. We recommend that the DRP review documentation upon matriculation and provide guidance to the student on whether the documentation is 1) sufficient to meet the NBME's requirements and 2) timely. In other words, DRPs should consider whether the documentation will be current enough **when the student applies for USMLE accommodations**. Be sure to consider the multiple assessments across the educational pathway (Step 1, 2, and 3), which span five to six years. Students may need a documentation update for a later exam.

## Getting an evaluation

Many psychologists who perform neuropsychological evaluations are booked months in advance, and a number of these individuals do not accept insurance. Students should be aware of this limitation and begin the process early. Some DRPs retain a list of local evaluators who can provide an evaluation that meets NBME requirements. A list of vetted qualified evaluators is a valuable resource for students.

Testing takes several days; therefore, medical students should plan to schedule their evaluations during a holiday break or summer break of their first year. As students move into the more clinically demanding portion of their training, they will have considerably less time to undergo a multi-day examination.

Testing, and getting a written report can take one to two months and require several additional meetings. The process of finding a qualified professional, undergoing necessary testing, and getting a written report can take six to eight months.

## Cost

Depending on the student's medical insurance and geographic location, evaluations for a learning disability or attention-deficit/hyperactivity disorder can cost between \$2,000 to \$8,000. Students who cannot afford this testing may need to request assistance from their school or adjust their financial aid package.

The cost of the evaluation is an equity concern and a barrier to student achievement in a program. Students underrepresented in medicine, first-generation students, or students from marginalized backgrounds may have had limited access to appropriate evaluations prior to medical school. Check with your institution about opportunities to support student evaluations through scholarships or other funding.

DRPs should explore financial assistance options for students including student health insurance, and financial aid. Some psychologist offices offer sliding scales, and many PhD training programs offer reduced rates.

## Assisting the evaluator

The student's healthcare provider is an important contributor to a solid request for accommodation. DRPs should make every effort to partner with providers to leverage the shared expertise of everyone.

When navigating accommodation requests, it is helpful to frame the needed expertise in three areas (see figure 1). In this process, the student is the expert on their experience of their own disability, the DRP is the expert in disability services and the interplay of disabilities with the school's learning environment, and the provider is the expert on the specific disability they are evaluating. By respecting everyone's expertise and working together you can develop the most robust approach to the student's application.

**Figure 1. The Combined Expertise Needed for a Quality Application**

Not all providers are equally experienced or well-versed in writing assessments that meet NBME requirements. Students may wish to approach the evaluator with a summary of the testing agency's documentation requirements, a summary of the exam structure, and their planned accommodation request and associated reasoning (i.e., barriers posed by the exam and functional limitations associated with their disability). Students should furnish any historical evaluations and supporting documents **when available** (see: Ancillary Letters of Support and Historical Documentation). Appendix D contains prompts for providers and Appendix E supplies a sample letter that can be shared with providers to assist in clarifying NBME expectations.

## Newly diagnosed or no history of accommodations

For myriad reasons, students may not have received accommodations prior to medical school. However, this does not preclude the student from receiving necessary accommodations on the USMLE series, especially if the condition developed later in life or worsened over time.

It can be a challenge if a student did not have access to an evaluation prior to medical school. Students may not have been evaluated for cultural reasons, parental choice, or due to limited resources in previous school systems, for example. Students who are underrepresented in medicine are most likely to have been impacted by these circumstances. For example, it is well documented that students from marginalized groups, especially Black and Latin(o/a/x) students, are less likely to be accurately diagnosed with ADHD during childhood.<sup>5-6</sup> This can result in limited access to early intervention during primary and secondary education. Late diagnosis can also disadvantage students later when lifelong documentation of disability is used as a factor in determining accommodations for high-stakes exams in college and post-graduate education.

This barrier is not insurmountable. The key is for the student, the healthcare provider/evaluator, and the DRP to clearly name and substantiate the reasons the student was not diagnosed earlier in life.

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<sup>5</sup> Bailey RK, Owens DL. Overcoming challenges in the diagnosis and treatment of attention-deficit/hyperactivity disorder in African Americans. *J Natl Med Assoc.* 2005 Oct;97(10 Suppl):5S-10S. PMID: 16350600; PMCID: PMC2640622.

<sup>6</sup> Fadus MC, Ginsburg KR, Sobowale K, et al. Unconscious bias and the diagnosis of disruptive behavior disorders and ADHD in African American and Hispanic youth. *Acad Psychiatry.* 44, 95–102 (2020). <https://doi.org/10.1007/s40596-019-01127-6>

## The DRPs Letter of Support

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A DRP or any institutional official can provide a letter of support to include with the student application. Note that a letter of support **does not** replace the “Certification of Prior Test Accommodations” form; a DRP must always complete this necessary form to support a student’s request.

In their letter, DRPs can emphasize the findings of prior evaluations or documentation, remark on the student’s use of accommodations prior to and during medical school and discuss the functional impact of a student’s disability in the academic and nonacademic settings. The primary goal of the letter of support is to combine all the evidence available into one salient argument that supports the need for accommodations on the USMLE exam, taking into consideration the exam duration, multiple choice question format, length of question stems, mobility, or ergonomic concerns, and specific personal or medical needs.

Crafting the DRP letter of support will take time. The letter should be sufficiently detailed and include narrative information about a student’s disability and how it impacts them in the medical school setting. It can also be helpful for the DRP to highlight specific quantitative data, such as scores from an evaluation or changes in performance with the use of accommodations. The letter should include a statement about the student’s approved accommodations at their institution and the rationale for those accommodations. It also should include information about any changes to a student’s accommodations and any extenuating disability-related issues that support the student’s application for accommodations on the exam.

### Crafting the letter of support

Include the student’s USMLE number and the date the student registered with the school’s disability office or requested accommodations.

DRPs should consider four elements when crafting their letter of support.

### Section 1

First, the DRP should:

- Outline their role at the school.
- Describe their specific educational and professional qualifications and expertise.
- Describe their relationship to the student.

## Section 2

In the second section, include:

- A description of the approved accommodations in the medical school by setting (e.g., tests, quizzes, didactic environment, etc.).
- Describe how the accommodation was determined and the barrier removed by the accommodation.

A well-crafted letter of support clearly links the student's functional limitations and the impact of the disability across multiple domains to succinctly but solidly show that the student is a person with a disability under the ADA. DRPs can reference specific documentation that was reviewed in making that determination. For example, suppose a neuropsychological evaluation report will accompany the student's request. In that case, it can be useful to cite the specific report and its findings (such as low processing speed or working memory) to demonstrate a thorough process. Remember to situate your support in the "average person standard."

Consider including other sources of information used in determining accommodations, such as interviews with the student, conversations with a provider, records of previous accommodations, and observations or data from faculty. If the student was delayed in obtaining accommodations in medical school, the DRP should address this and provide the reasoning behind the delay.

## Section 3

Next, the DRP should provide rationales for any accommodations necessary for equal access to the USMLE Step exam. If a student is requesting an accommodation that they did not have in medical school, the DRP must identify why the accommodation was not needed in medical school but is now necessary and reasonable on a Step exam. For example, if a medical school only administered untimed exams, the student would not have required an extended time accommodation in medical school but may need this accommodation on the exam.

## Section 4

Finally, the DRP should outline any additional information that is additive to the student's request. The letter should close with an invitation to reach out to the DRP with any questions or concerns, as well as the DRPs contact information.

## Ancillary Letters of Support and Historical Documentation

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The key to receiving accommodations on the USMLE Step 1, 2, or 3 Exam is to build an "airtight" argument demonstrating that:

1. The student has a disability.
2. There is a disability-related barrier to accessing the exam.
3. Accommodations will provide access to the exam.

If available, students should provide additional information to strengthen their request for accommodations. Historical evidence of accommodations and the need for accommodations may further support the applicant's case. To substantiate a history of receiving formal or informal accommodations, consider including historical disability evaluations, letters from medical providers, letters from previous institutions where one received accommodations, letters, or proof of approval on previous graduate entrance exams (e.g., SAT, ACT, MCAT, GRE), individualized education programs (IEPs), and report cards with comments referring to behavioral patterns, inattentiveness, or need for extra support.

Likewise, a letter from a professor, advisor, or employer may provide further evidence of the impact of a student's disability. These letters often speak to difficulty learning or poor performance in school or on the job. For example, a letter from a former supervisor describing performance issues or additional support required on the job due to disability-related difficulties can help substantiate the impact of a disability, even if it was diagnosed later in life. If accommodations or adjustments were needed in a workplace for a documented disability, this also helps to support the student's request as it shows the impact of the disability outside of a classroom or educational environment.

Transcripts from elementary, high school, and/or college should be provided only if they clearly show the impact of a student's disability on their academic performance. One example would include a student with a history of poor performance in courses prior to registering with the disability office who shows improvement after accommodations are approved. In this case, the transcript with concurrent evidence of registering and receiving accommodations may serve as evidence that the student's performance significantly improved when provided access to the materials and assessments.



Letters from professors, teachers, guidance counselors, or other people who can describe a student's previous academic performance may be helpful if they can show how the student's academic performance was impacted by a disability or how the use of accommodations and strategies improved their academic performance. If a student was diagnosed later in life, they might include a letter from a professor or support person who suggested that an initial evaluation might be necessary or from someone who first connected the student with disability-related support. These letters can often help contextualize a performance shift to when a student finally receives access to a course or assessment.

## Types of Accommodations

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Students can be approved for various accommodations on the USMLE Step exams. In preparing their application, students should consider what accommodations are required to reduce disability-related barriers posed by the specific exam. Testing agencies and boards carefully review all submitted documentation to ensure that it provides evidence that students' disabilities significantly interfere with their ability to take the test under standard conditions. Disability documentation should support the requested accommodation(s), and the personal statement and any letters should provide a clear rationale.

The following are common accommodations students request for the USMLE Step exams.

### **Additional time (standard time +25%, 50%, 100%)**

Additional time is the most frequently requested accommodation on the Step exams. This request is more likely to be approved if the request is based on concrete evidence from documentation that supports the disability-related need for the accommodation (e.g., very low academic fluency scores) and a history of receiving such accommodation. The request should be based on the amount of time the student received historically and what is necessary for access to the exam. For example, students should not request 100% extended time if they have never been approved for 100% extended time before and have no documented need.

When considering which accommodations to request, students should consider the specific structure of the exam and the impact of extended-time accommodations. For example, given the length of the exam, approval for extended time will necessitate that the exam be administered over two days. Depending on a student's disability, taking the exam over two days may present a greater barrier to their performance, as it could increase anxiety or cause additional physical exhaustion. DRPs should carefully examine the student's individual needs to determine if additional time, assistive technology, private testing space or extended breaks are more effective in removing barriers.

## Additional break time

All USMLE test takers are given 45 minutes of authorized break time to take during the exam. Students may request additional break time as an accommodation.<sup>7</sup>

For students with ADHD or other disabilities who would benefit from frequent brief breaks, this accommodation may be worth considering. On the USMLE exams, additional break time may be more appropriate than extended time as it allows students to refocus their thoughts without significantly prolonged testing sessions.

Note that if additional break time is the **ONLY** accommodation requested, students can submit the Request for Additional Break Time/Standard Testing Time form along with a letter from a qualified healthcare professional documenting the medical need for additional break time due to a medical or other health condition. Examples include but are not limited to, lactation (to express breast milk) and diabetes (to monitor/treat blood glucose).

## Break time logistics

Step 1, Step 2 CK, and Step 3 test sessions are scheduled for a fixed amount of time, and the computer keeps track of the time allocated for each block and for breaks. At the start of the testing session, students have a total of 45 minutes for authorized break time and transitions between blocks. Authorized breaks include any time spent between test blocks whether one remains seated or leaves the testing room. If students complete the introductory tutorial (taken prior to beginning the exam) or other testing blocks early, their unused time is added to the standard 45-minute total break time.

Once a testing block begins, students may not leave the secure testing area (except in the event of an emergency). If a student leaves for a personal emergency and is not on an authorized break, the testing clock will continue to run and the test center will report the incident to the USMLE. If a student exceeds any allocated or accumulated break time, the extra time used will be deducted from their total testing time. Students are advised to use the time summary feature (explained in the tutorial available prior to or on test day) to keep track of time.

Students should work with their DRP to plan how breaks should be taken. The request for additional break time should specify the amount of time needed for each break (e.g., a

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<sup>7</sup> United States Medical Licensing Exam. Break time. Accessed August 5, 2023.  
<https://www.usmle.org/step-exams/exam-day-information/break-time>

10-minute break) and the frequency of breaks (e.g., after each exam section or every hour of exam time). If this accommodation is approved, the NBME will indicate how the approved breaks will be structured on the day of the exam.

## **Shortened test sections**

For some students who require more frequent breaks, requesting shortened test sections (e.g., fourteen sections 30 minutes in length vs. the standard seven sections 60 minutes in length on Step 1) provides additional opportunities for breaks to address disability-related needs. One instance where this accommodation might be necessary is for a student with irritable bowel syndrome, who might need more frequent opportunities to use the restroom. Another example is a student with severe anxiety who requires regular breaks to meditate.

## **Multi-day testing**

Multi-day testing may provide access to students whose cognition, physical ability, energy level, or eyesight fatigues over a period of intense focus. Supporting documentation should specify the amount of time a test taker can work on the exam per day. Please note that testing days may not be consecutive. This can be an advantage for students who need time to recover but can serve as an added barrier for those with significant anxiety.

## **Private testing environments**

Students who experience high levels of anxiety, distractibility, inattention, panic attacks, or other disability-related concerns that necessitate privacy may wish to request testing in a private environment. For example, if a student benefits from talking out loud or briefly stepping away from the computer to aid their comprehension and focus or to manage anxiety, a private environment may be necessary to reduce symptoms without disturbing others.

Providers should clearly specify a private/separate testing space in their documentation. While the testing sites will provide partial privacy in a shared space for all testers, it is not private.

Testing centers have limited individual testing rooms. Therefore, students should secure a space well in advance, or they may have to travel some distance to find a center with availability on a specified exam date. Students should investigate options for testing centers at the beginning of the scheduling process to be fully aware of their options.

## **Assistive software or technology**

A student's provider or evaluator should document their recommendation for a specific device, software, or technology required for equal access to the exam materials. Students should only request the software or assistive technology necessary to facilitate access to the specific exam format. Not all the assistive technology students use in a course or for reading are necessary or useful on a multiple-choice, computer-based exam.

A request for assistive software or technology should document the student's history of using the software and specify why it is necessary for this exam, addressing the format of the exam (e.g., extensive patient case examples, which require a significant amount of reading, low vision which necessitates zoom software) and the nature of the disability (e.g., significant eye fatigue, thus requiring large print and reverse contrast screen colors; familiarity with ZoomText software, or a request to access specific software during the exam due to familiarity with keyboard shortcuts, and settings).

## **For students who are D/deaf or hard of hearing (DHOH)**

The USMLE computer-based examinations each contain a small number of multimedia items, which may have an audio component. Students with hearing loss or who are Deaf should provide comprehensive documentation of their hearing loss, including a report of a clinical evaluation by a qualified professional (otolaryngologist and/or audiologist) and a copy of their most recent audiogram or audiometric report.

## **Personal item exceptions (PIE)**

As of May 1, 2023, the NBME permits students to bring water into the test room during their exam. All water must be in a clear or transparent container with labels removed and with a lid or cap. The Prometric staff will inspect the container.

Specific personal items for medical needs are permitted into the secure testing area, though they are subject to inspection by test center staff. Students who require medicine or medical devices listed below do not require pre-approval from the NBME.<sup>8</sup> Students should show the item to test center staff when they check in for their examination.

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<sup>8</sup> United States Medical Licensing Exam. Personal item exceptions (PIEs). Accessed August 5, 2023. <https://www.usmle.org/step-exams/test-accommodations/personal-item-exceptions-pies>

## Medicine and medical device

- Arm/shoulder sling
- Bandages
- Braces – neck, back, wrist, leg, or ankle
- Casts/cervical collar
- Cough drops (must be unwrapped and not in a bottle/container)
- Earplugs (foam with no strings)
- Epi-Pen
- Eye drops
- Eye patches
- Eyeglasses (without the case)
- Glucose monitor
- Glucose tablets
- Handheld magnifying glass (non-electric, no case)
- Heating pads (non-electric)
- Ice packs
- Inhaler
- Medical alert bracelet
- Nitroglycerin tablets
- Pillow/lumbar support
- Pills (must be unwrapped and not in a bottle/container)
- Stool for elevating a limb
- Surgical face mask
- Walking boot casts

## Medical device attached to a person's body

All devices in the testing area must be in silent mode. If the device cannot be silenced and makes any noise, including vibration, please contact NBME Disability Services before the test.

- Catheter
- Colostomy bag
- Continuous glucose monitor (CGM) and receiver (smartphones and apps are not permitted)
- Heart rate monitor
- Insulin pump
- Oxygen tank
- Spinal cord stimulator
- TENS units
- Urine drainage bag

## Communication aids

- Hearing aid/cochlear implant without Bluetooth/wireless enabled
- Vocal cord magnifier

## Mobility devices

- Cane
- Crutches
- Walker
- Wheelchair

As outlined by the NBME, students who require personal items that are not listed as pre-approved medical devices must submit a request directly to the NBME for approval. Students can contact the NBME at [disabilityservices@nbme.org](mailto:disabilityservices@nbme.org) or 215-590-9700 for additional information on how to request a personal item exception.

## Conclusion

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Using this resource and sharing it widely with students is one step in reducing barriers to high stakes exams. We encourage DRPs to contact the NBME with any questions and to begin the process early to allow time and careful attention to developing and submitting a quality application.

We wish all students and DRPs undergoing this process the very best in their pursuit of access.

— *Neera Jain and Lisa Meeks*