Request for Exam Accommodations Due to Pregnancy

To be completed by the Candidate

If you have need of an accommodation due to pregnancy or a pregnancy-related medical condition covered by applicable law, please complete this form, and submit it with your application at least 30 days prior to your requested exam date. The section below must be completed by a qualified health care provider. The information in this form, including your need for accommodation and any supporting documentation, will be treated as confidential in accordance with applicable law.

Candidate Name: _____ **Candidate ID:** _____

Exam Name: _____ **Phone:** _____

Email: _____

I have carefully reviewed the information included on this form, certify that it is true and correct to the best of my knowledge, and authorize the release of the information on this form to NBPHE and its testing vendor(s) as deemed necessary by NBPHE to facilitate my request for a testing accommodation.

Candidate Signature: _____ **Date:** _____

To be completed by a Health Care Provider or Other Qualified Professional

The Candidate has requested certain exam accommodation(s) due to their pregnancy or related medical condition ("condition"). To evaluate this request, NBPPHE requires the candidate to submit this form from a healthcare provider or other qualified professional. Based on your professional assessment, please answer the following questions with as much detail as possible.

I have known _____ **(Candidate) since** _____ **(Date) in**

My professional capacity as a(n): _____

The National Board of Public Health Examiners (NBPHE) does not discriminate against candidates for any NBPHE examination on the basis of pregnancy or any related medical condition covered by applicable law and complies with all applicable laws and regulations governing the administration of accommodations candidates who require an accommodation due to pregnancy or a related condition. All information provided in this form is for the sole purpose of assessing potential testing accommodations.

Candidates who require accommodation due to a disability covered by applicable law should submit the form "Request for Examination Accommodation Due to Pregnancy".

1. **What is the nature of the Candidate's condition and any related symptoms, what is the severity of any such symptoms, and how long are such symptoms expected to last? Can you confirm the candidate is pregnant or delivered their baby?**

2. **Candidates will be sitting in front of a computer and have 4 hours to take the exam. Does the Candidate's condition limit their ability to take this examination, and if so, how is the Candidate limited, what is the medical reason for the limitation, and what is the expected duration of that limitation?**

3. **What accommodation(s), if any, do you recommend that might alleviate the limitation(s) caused by the Candidate's condition, if any, for purposes of taking this examination?**

Printed Name of Health Care Provider/Professional: _____

Title of Health Care Provider/Professional: _____

Email: _____ **Phone:** _____

Signature of Professional: _____ **Date:** _____

Candidate should return this completed form to: **info@nbphe.org**
If you have questions, call NBPHE at 202-296-3050 or **email info@nbphe.org**