

MSDCI National's Guide to Navigating USMLE Accommodations

Written for Medical Students, by Medical Students

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JUNE 2026 EDITION

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INTRODUCTION

At Medical Students with Disability and Chronic Illness (MSDCI) National, our organization believes that equitable access to medical education is essential for trainees of all abilities to succeed in this field. Students with disabilities and chronic illnesses are a vital part of the medical community, bringing lived experiences that strengthen patient care, advocacy, and innovation. Yet, too often, they encounter unnecessary barriers in environments that were not designed with accessibility in mind.

This accommodations guide was created by medical students for medical students to serve as a practical, transparent resource for the USMLE testing accommodations process. Our goal is to demystify the accommodations process, outline best practices, and promote a shared understanding of how to support trainees in navigating this type of process.

Accessibility is about removing barriers so that all individuals can meet them. By fostering inclusive learning environments, we not only support trainees with disabilities, but also strengthen the future of medicine as a whole.

This guide was written by medical students based on personal experiences and publicly available resources. It is intended for informational purposes only and does not represent the views or policies of the NBME, USMLE, AAMC, or affiliated institutions.

Best,
The MSDCI National Team



UNDERSTANDING USMLE ACCOMMODATIONS

PRE-APPROVED ITEMS

The QR code below provides access to the list of pre-approved items permitted in the secure testing area, as outlined on the NBME website.¹ These items do not require prior approval or supporting documentation to be submitted to the NBME.

If you require the use of an item not included on the approved list due to a medical condition, you must submit a *Personal Item Request* form through the NBME website for review and approval.²



<https://www.usmle.org/what-to-know/test-accommodations>

UNDERSTANDING USMLE ACCOMMODATIONS

Accommodations Offered for the USMLE ¹

Additional Break Time Only*

- Step 1 (additional break time is administered over 1 day)
- Step 2 CK (additional break time is administered over 2 days)
- Step 3 (additional break time is administered over 3 days)

**This accommodation typically requires less supporting documentation and therefore has a shorter review turnaround time.*

Additional Break Time with Shortened Test Blocks

- Additional break time with shortened test blocks over 1 day
- Additional break time with shortened test blocks over 2 days

Additional Testing Time

- 25% Additional test time (Time and 1/4) over 2 days
- 50% Additional test time (Time and 1/2) over 2 days
- 100% Additional test time (Double time) over 2 days

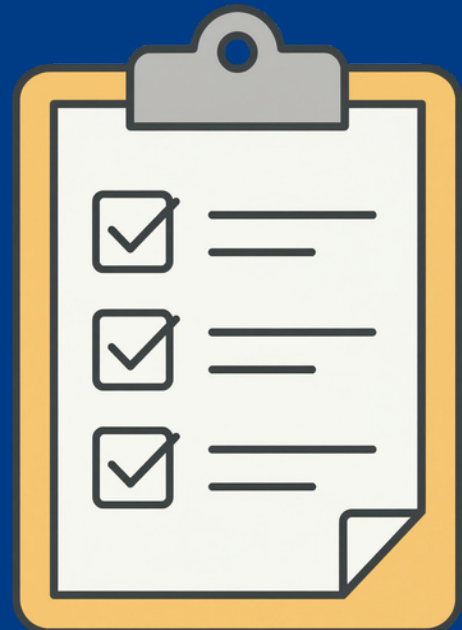
Additional Break and Testing Time

- Additional break time and 25% Additional test time (Time and 1/4) over 2 days
- Additional break time and 50% Additional test time (Time and 1/2) over 2 days
- Additional break time and 100% Additional test time (Double time) over 4 days

NOTE: For multiple days of testing, you may schedule these dates non-consecutively if you wish within 14 calendar days at the same testing center.

OUTLINING THE PROCESS

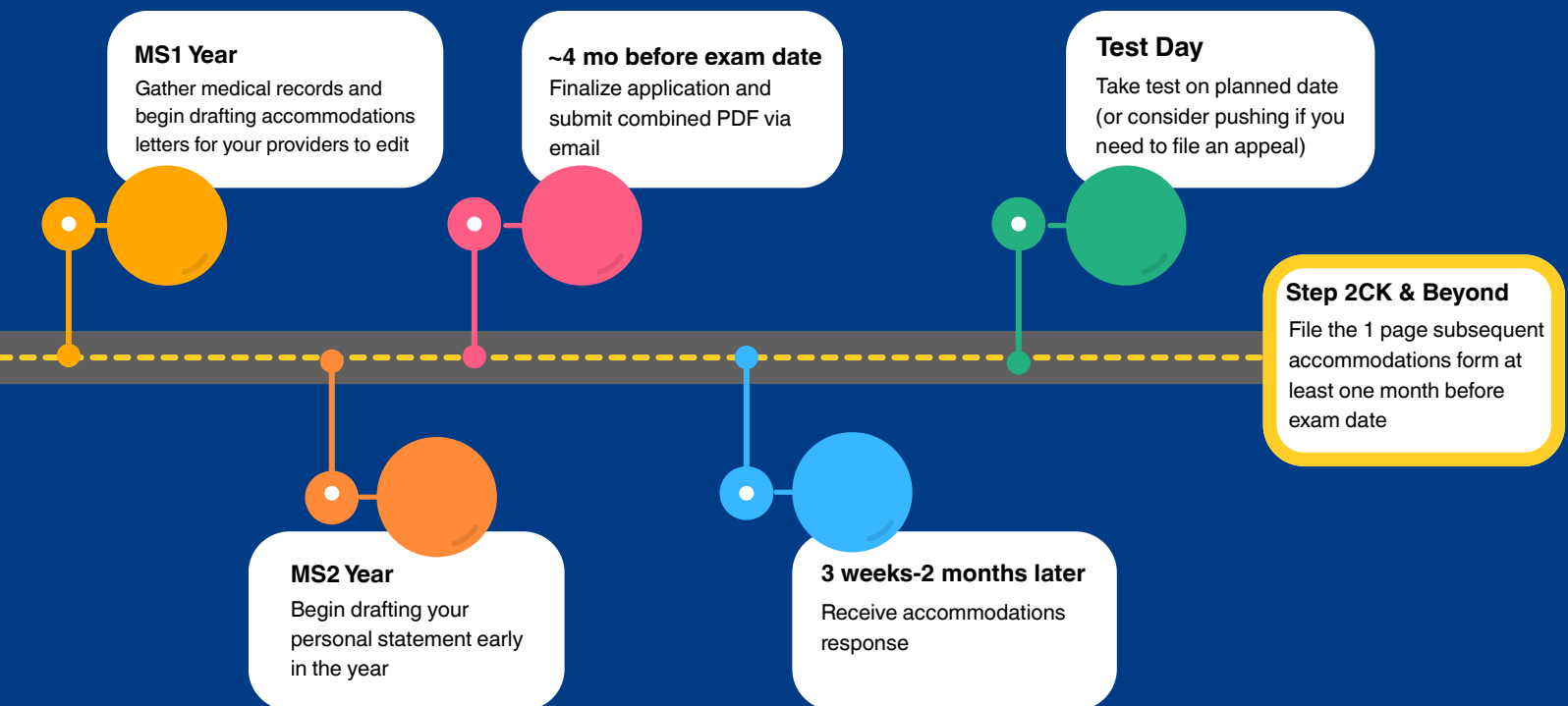
- In order for your application for accommodations to go through, you must first:
 - **Complete your registration** for Step 1, and
 - **Pay** for the exam.
- Your permit will then be **on hold** until a decision has been reached.
- Notify your school's registrar about needing enrollment verification **immediately** after submitting an accommodations request through the NBME.
- The NBME timeline estimates a waiting period of about **two months**, but this can vary significantly depending on their capacity and the time of year.³
- If your initial application is denied, **don't give up** just yet!
- Usually, they will provide you with some **feedback**, and you can **submit an appeal**.



TIMELINE

This timeline was developed for institutions that follow a two-year preclinical curriculum. It is intended to serve as **guidance**, and does not reflect a strict requirement. Applying later in the process **does not preclude approval** or timely implementation of accommodations.

This resource was created by students based on their own experiences navigating the accommodations process, with the goal of providing transparency, reassurance, and practical insight for others.



Alt text: A graphic outlines a suggested timeline for each step of the applications process. In your first year, gather medical records and begin drafting accommodations letters for your providers to edit. In your second year, begin drafting your personal statement as early in the year as you can. About four months before your planned exam date, finalize your application and submit a combined PDF via email. You should receive a response to your request roughly three weeks to two months later. If you need to file an appeal, you may wish to consider pushing your test date. Otherwise, you can take your test as planned. For accommodations for Step 2 CK and beyond, file the one page subsequent accommodations form at least one month before your planned exam date.

DOCUMENTATION

- Records of **previous standardized test results** (SAT, ACT, MCAT, etc.).
- **Certification of Accommodations** from your medical school.
- **Medical records** tracking your condition.
 - Go **as far back as possible** and include as many physicians or other providers whom you have seen.
 - Only include **pertinent pages** of your records in your application (i.e., medication lists, doctor notes, etc.).
- **Letters** from your provider and medical specialists.
 - For convenience, you can draft one for them. They can add diagnostic/treatment information and edit the letter as needed.
- If you are making a request based on a **psychiatric condition**:
 - A **letter** from your **therapist** and **psychiatrist**
 - Include psychometric information, such as scores on the GAD-7, PHQ-9, Vanderbilt scale, or other relevant metrics.
- A **letter from faculty** at your medical school that can attest to any specific academic challenges.



TIPS FOR SUCCESS

- Accommodation needs and documentation histories vary across individuals.
- To prevent a denial for lack of information, send your providers the specific requirements for their letters in advance.
- If busy, draft a letter for them and have them edit it and sign it (Refer to NBME Guidelines and Letter Template).³
- Provide thorough and relevant documentation that clearly demonstrates functional impairment and accommodation need.
- Seek support:
 - Talk to peers who have applied for accommodations.
 - Reach out to your school counseling services.
 - Join the MSDCI Accommodations Group Me to connect with other students who are going through the same process.

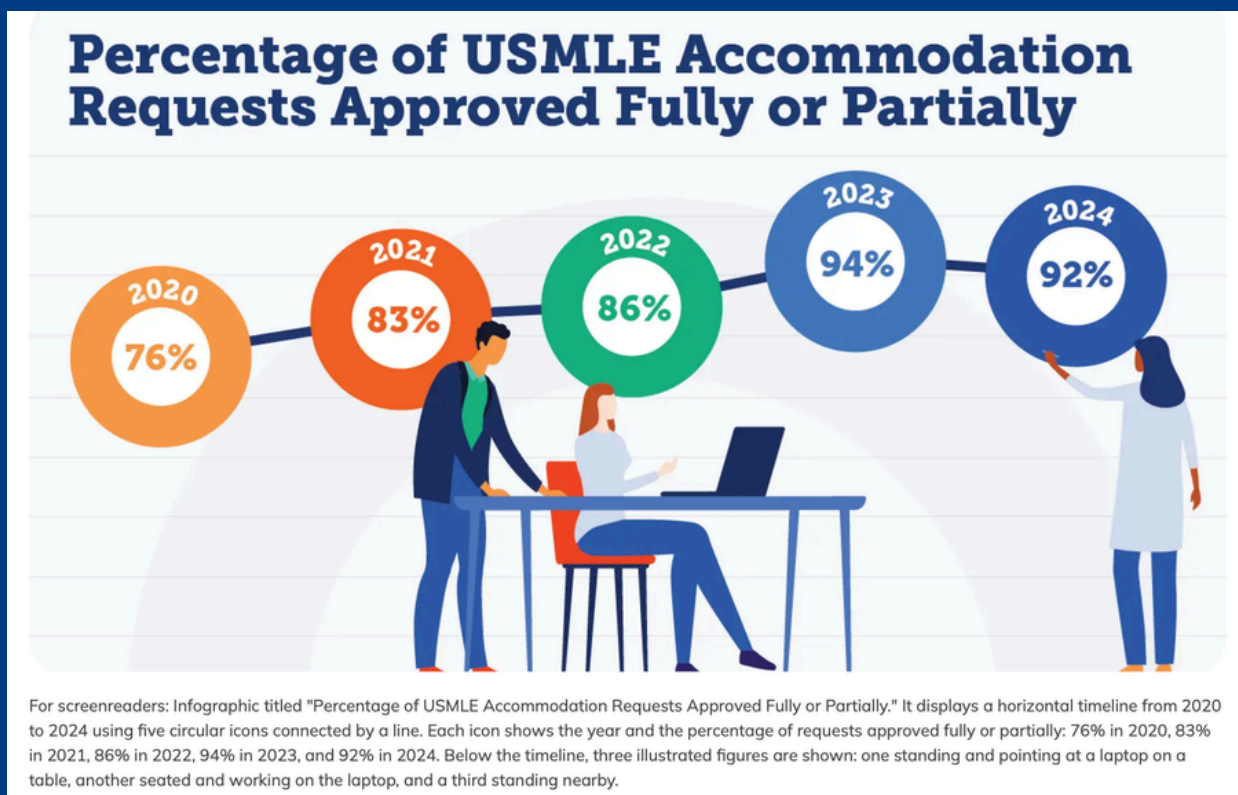
Join MSDCI National's Group Me!



NBME ACCOMMODATIONS STATISTICS

OVERALL APPROVAL / DENIAL RATES

- A 2022 national survey reported that 52% of Step 1 accommodation requests were denied.⁵
- A 2025 AMA article summarizing findings from a cross sectional study of graduating medical students at U.S. accredited MD granting institutions estimated an overall accommodation approval rate of approximately 48%.⁷
- According to data published on the NBME/USMLE website, the percentage of accommodation requests approved fully or partially increased from 76% in 2020 to 94% in 2023, before slightly declining to 92% in 2024.⁴



Graphic retrieved from the USMLE Test Accommodations webpage.⁴

IMPACT OF DENIALS

According to a 2022 PLOS One national survey of medical students denied accommodations:⁵

- 51% experienced delayed progression into the next phase of training
- 76% took Step 1 without accommodations
- Among students who tested without accommodations, 32% did not pass

These findings highlight the significant academic and professional consequences associated with accommodation denials during medical training.

DISABILITY-SPECIFIC DIFFERENCES

A 2025 JAMA Network Open cross-sectional study found lower Step 1 accommodation approval rates among students with psychological disabilities, ADHD, and diagnoses made after matriculation.⁶

The study also found higher approval rates at schools with specialized disability resource professionals (DRPs):

- 78% approval at schools with DRP support
- 53% approval at schools without DRP support

DISABILITY PREVALENCE

According to the 2025 Association of American Medical Colleges Graduation Questionnaire (GQ) and Matriculating Student Questionnaire (MSQ), the proportion of U.S. allopathic medical students who self-identify as having a disability has steadily increased in recent years.

Graduating fourth-year medical students (M4s) reporting a disability (AAMC GQ) (Table 19): ⁸

- 2025: 12.7%
- 2024: 11.6%
- 2023: 10.9%
- 2022: 9.3%
- 2021: 8.3%

Matriculating first-year medical students (M1s) reporting a disability (AAMC MSQ) (Table 9): ⁹

- 2025: 14.2%
- 2024: 13.6%

These findings reflect a continued rise in self-reported disability prevalence among students attending U.S. allopathic medical schools.



DISABILITY PREVALENCE

Among students reporting disabilities in 2025, the most commonly reported conditions were:

- Attention-deficit/hyperactivity disorder (ADHD): 60.3%
- Chronic health disabilities: 19.1%
- Psychological disabilities: 16.0%
- Learning disabilities: 5.3%
- Visual disabilities: 3.5%
- Mobility disabilities: 2.3%
- Deaf or hard of hearing disabilities: 2.2%⁹

Nearly 40% of students with disabilities reported receiving accommodations during their undergraduate education prior to matriculating into medical school.⁹

In 2025, 28.4% of incoming medical students with disabilities planned to request accommodations during their first year of medical school, while 28.7% remained undecided.⁹

ACCOMMODATIONS BEYOND EXTRA TIME

ENVIRONMENTAL AND TESTING MODIFICATIONS

Not all accommodations involve additional testing time. Some applicants require **modifications to the testing environment** to reduce functional barriers.

Common examples include:

- Reduced-distraction testing environment.
- Private or semi-private room.
- Adjustable lighting or seating.
- Permission to use noise-reducing devices (e.g., earplugs, noise-canceling headphones).

These accommodations are typically indicated for individuals with:

- Attention-related conditions
- Sensory sensitivities
- Anxiety
- Other conditions exacerbated by environmental stimuli

Requests should clearly demonstrate how environmental factors **interfere with performance** and how the modification **mitigates that specific barrier**.



ASSISTIVE TECHNOLOGY AND EQUIPMENT

Some applicants require **assistive tools or technology** to access exam content effectively.

Examples include:

- Screen readers or text-to-speech software
- Speech-to-text (dictation) tools
- Magnification software or enlarged text
- Color contrast adjustments
- Use of medical devices (e.g., hearing aids, adaptive stethoscope interfaces where applicable to prep/testing conditions)

Requests for assistive technology should include:

- **Documentation** of underlying functional limitation (e.g., visual, auditory, motor).
- Evidence that the tool is **routinely used** in academic settings.
- Clear explanation of **how the tool enables equitable access** to exam content.



FORMAT AND PRESENTATION MODIFICATIONS

Some disabilities affect how individuals process or interact with information, requiring adjustments to **exam format**.

Examples include:

- Alternative text formats (e.g., larger font, different color schemes)
- Audio-based delivery of exam content
- Extended time for reading instructions (this is distinct from adjustments to total test time, if applicable)
- Simplified or clarified formatting where appropriate

These accommodations are typically supported when there is evidence of:

- Visual processing deficits
- Reading disorders
- Sensory impairments

Documentation should demonstrate **how standard formatting creates a barrier** and **how the modification improves accessibility**.

STOP-THE-CLOCK AND BREAK-RELATED MODIFICATIONS

(Non-Time Extensions)

While extended time is one form of support, some applicants require **flexibility** in how time is used, rather than additional time overall.

Examples include:

- Stop-the-clock breaks for medical needs
- Permission to take breaks as needed for symptom management
- Access to food, water, or medication during testing
- Ability to leave the testing room briefly without penalty

These accommodations are typically indicated for:

- Chronic medical conditions
- Conditions involving pain, fatigue, or fluctuating symptoms
- Conditions requiring medication or medical device management

Requests should clearly explain:

- The **medical necessity** of breaks or interruptions
- Why standard break policies are **insufficient**
- How this accommodation **differs** from simply adding extra time



WRITING A PERSONAL STATEMENT

WRITING TIPS

NOTE: There is no limit to the length of your personal statement, so make it as long as necessary to address **everything** that they ask of you. Only include what is **medically necessary** and try not to exceed three pages, if possible.

- Mention in your letter the **exact accommodations** you are seeking and talk about how having these would **affect your testing experience** regarding each of your conditions.
- As you are writing your statement, constantly **advocate for yourself** and why these accommodations are needed.
- **Be specific and candid about the functional impact of your condition.** Writing a personal statement that sounds negative is tough, but you need to be honest as to why you need accommodations and **clearly document** the relationship between symptoms and functional impairment.
- Mention the **psychosocial factors of learning** and how these have affected you (environment, conditions, social support, economic struggles, etc.).
- Do touch upon the fact that you are seeking an **equitable testing experience** in order to perform **to the same level as your peers.** Some of us require more support than others, and that is nothing to be ashamed of. Accommodations are equitable and necessary.



PERSONAL STATEMENT QUICK-GUIDE

A strong personal statement must:

- State accommodations request, exam type, and diagnoses in the **first paragraph**.
- Show symptoms that **began earlier** and **persisted over time**
- Demonstrate a **consistent testing pattern** across education .
- Include concrete medical school **examples**.
- Document **diagnosis and treatment history**.
- Show impact beyond examinations (personal life, relationships, extracurriculars, etc.).
- Include **prior accommodations** and objective evidence of **score improvement**.
- Clearly explain **functional limitations** during timed exams.
- Tie each requested accommodation to a **specific limitation**.
- Your tone should be **professional and factual**, not emotional.
- Your statement should speak to **equity due to medical need**, not to advantages that may arise from specific accommodations.



PERSONAL STATEMENT PARAGRAPH STRUCTURE

Paragraph 1: Opening Statement

- Begin your statement by clearly stating the accommodations you are requesting in the **first sentence**.
- Specify exam name (Step 1/Step 2 CK/COMLEX).
- State **exact accommodations** requested.
- Explain diagnoses causing **functional impairment**.

Goal:

Your opening statement should **immediately** answer:

- What **specific accommodations** are you requesting?
- Why are these **medically necessary**?

Paragraph 2: Condition history and onset

- When did symptoms begin (childhood, adolescence, adulthood)
- Early signs or behaviors.
- Cultural, family, or systemic barriers to diagnosis, if relevant.
- When a formal diagnosis was made.

Goal: Demonstrate longstanding, **persistent** symptoms.

PERSONAL STATEMENT PARAGRAPH STRUCTURE

Paragraph 3: Academic Impairment

Include examples from:

- Elementary or middle school
- High school standardized testing
- College
- MCAT or other major exams
- Medical school exams

For each stage, show:

- 1. **Symptoms** during testing (describe in detail).
- 2. **Results** or consequences (state exact scores, etc.).
- 3. Evidence that **effort** was adequate (i.e. how many hours did you study each day? Include other objective data).

Goal: Show a **pattern** across examinations, not just board exam prep.

PERSONAL STATEMENT PARAGRAPH STRUCTURE

Paragraph 4: Medical Conditions

Include:

- What **exacerbates** your symptoms
- **Specific** exam struggles (describe in detail)
- **Objective outcomes** if available:
 - Failed exams
 - Low NBME scores
 - Remediation
 - Repeating a year
 - Near-failure situations

Note:

Show a **discrepancy** where **preparation is adequate** but timed performance poses an **impairment**. Provide **objective context** regarding preparation and academic effort when relevant.

Goal: Demonstrate **current relevance** and **symptom severity**.

PERSONAL STATEMENT PARAGRAPH STRUCTURE

Paragraph 5: Diagnoses and Treatments

Include:

- Date or period of formal diagnosis
- Providers involved (generic wording allowed)
- Therapy participation
- Medication trials or adjustments (optional but helpful)
- Compliance with treatment

You must show:

- That you **sought treatment**
- How you are **actively managing** your condition(s)

Goal: Demonstrate a **formal diagnosis** and **treatment management**.

Paragraph 6: Daily Functional Impairment

Examples:

- Fatigue, sleep issues, panic symptoms
- Social or emotional regulation impact
- Physical symptoms

Keep this paragraph **objective and concise**, this is supportive but not your central argument.

Goal: Show impairment is **pervasive**, not just exam-day stress.

PERSONAL STATEMENT PARAGRAPH STRUCTURE

Paragraph 7: Prior Testing Accommodations

Include:

- School accommodations received
- When they started
- Exact supports (time, breaks, low-distraction room, etc.)
- Measurable improvement afterward

Examples:

- Score increases
- Passing after failures
- Improved concentration
- Ability to finish exams

Paragraph 8: Functional limitations during examinations

This should be **explicit** and **medical**.

Explain:

- What happens **physiologically or cognitively** during exams?
- How does this **affect performance**?
- Why are the **accommodations** requested needed?

Use clear **cause and effect** wording:

Symptom → Impairment → Testing consequence

PERSONAL STATEMENT PARAGRAPH STRUCTURE

Paragraph 9: Closing Statement

- Restate **diagnosis impact** and **accommodations** you are requesting.
- Assert accommodations **provide equity, not an advantage.**
- End by demonstrating true competence and preparation and **how these accommodations will allow you** to demonstrate that.

NAVIGATING DENIAL OF ACCOMMODATIONS

OVERVIEW OF THE APPEAL PROCESS

An appeal of a denied accommodations request through the National Board of Medical Examiners (NBME) is a structured process that allows applicants to submit additional information in response to a denial. **Appeals are intended to address deficiencies or concerns identified in the original denial** and often require **new or supplemental documentation** supporting functional impairment and accommodation need.³

After receiving a denial, applicants may submit an appeal through the NBME accommodations portal. The denial letter will outline the **rationale** for the decision, which typically includes concerns related to documentation, evidence of functional impairment, or alignment between the requested accommodations and demonstrated need.

Appeals must be submitted through the NBME accommodations portal **within the timeframe specified in the denial letter**. Applicants should ensure that **all materials are complete** at the time of submission, as incomplete appeals may be delayed or denied.

GROUNDS FOR APPEAL

An appeal should **directly respond** to the reasons outlined in the denial letter. Common grounds include:

- **Insufficient** or **outdated** clinical documentation
- **Lack of objective evidence** of functional impairment in standardized testing settings
- **Inconsistency** between requested accommodations and documented need
- Limited or **unclear history** of prior accommodations

Applicants should carefully review the denial letter and ensure that each stated concern is **explicitly addressed** in the appeal materials.



HOW TO STRUCTURE YOUR APPEAL RESPONSE

A strong appeal is organized as a direct, point-by-point response to the denial letter.

- Carefully review the denial letter and identify each stated reason for denial.
- Structure the appeal so that **each concern is addressed individually**.
- Use **clear framing** (explicit or implicit):
 - “The denial states...”
 - “Updated documentation demonstrates...”

For each denial point:

- Provide **new or clarified evidence** addressing the concern.
- Reference **specific** supporting documentation.
- **Avoid general or global responses** that do not map to a specific issue.

Unaddressed concerns are a common reason that appeals are unsuccessful.

DEMONSTRATING FUNCTIONAL IMPAIRMENT

The NBME evaluates accommodations based on **functional limitations** in standardized testing conditions, **not diagnosis alone**.

All materials should clearly follow this framework:

Condition → Functional Limitation → Testing Barrier →
Accommodation

Strong documentation should:

- Describe **specific** cognitive, physical, or sensory limitations.
- Explain **how those limitations manifest** during timed, standardized exams.
- Identify the **resulting barrier** to performance.
- Demonstrate how the requested accommodation **directly mitigates** that barrier.

Avoid:

- **General statements** about diagnosis without functional context.
- **Vague language** (e.g., “difficulty focusing”) without specific impact.

COMMON REASONS APPEALS ARE DENIED

Even well-prepared appeals may be unsuccessful if key issues are not addressed.

Common reasons include:

- Re-submitting prior materials without **meaningful updates**
- **Failing to directly respond** to the denial letter
- Emphasizing diagnosis rather than **functional impairment**
- Weak or **unclear connection** between limitations and requested accommodations.
- **Inconsistent language** across documentation, personal statement, and records.
- Provider documentation that is **vague or non-specific**.

Successful appeals prioritize **clarity, specificity, and alignment** across all materials.



COMPONENTS OF A STRONG APPEAL

1. Updated Clinical Documentation

Applicants should provide **comprehensive, current evaluations** from qualified professionals. Documentation should:

- Include standardized testing where applicable.
- Clearly describe diagnosis, severity, and functional limitations in testing contexts.
- Establish a **direct link** between functional limitations and each requested accommodation.

Provider documentation should use **specific, definitive language** and avoid vague phrasing (e.g., “would benefit from”).

2. Personal Statement (Appeal Letter)

The appeal letter should be clear, structured, and directly aligned with the **structure of the denial letter**.

- Address each reason for denial **individually** (point-by-point).
- Explain how the condition results in **specific** functional barriers during standardized testing.
- Justify how each requested accommodation **directly addresses** those barriers.
- Maintain **consistency** with submitted clinical documentation.

COMPONENTS OF A STRONG APPEAL

3. Evidence of Prior Accommodations (if available)

Documentation of **previously approved accommodations** in academic or standardized settings can strengthen an appeal.

- Should be framed as **evidence of functional need**, not entitlement.
- When possible, include **performance differences** with vs. without accommodations.

4. Supplemental Supporting Materials

Additional materials may include:

- Letters from treating providers explicitly addressing functional impairment in **testing settings**.
- **Academic records** demonstrating impact of disability.
- Documentation of **unsuccessful testing attempts** without accommodations.

KEY STRATEGIES FOR A SUCCESSFUL APPEAL

The NBME evaluates accommodations based on functional limitations within standardized testing environments. Strong appeals should clearly explain how a disability affects testing performance and why the requested accommodations are necessary to provide equitable access.

Appeals should prioritize clarity, specificity, and objective evidence over the volume of documentation submitted. All materials should remain consistent and directly respond to the concerns outlined in the denial letter.

Successful appeals typically provide new or strengthened evidence rather than repeating prior submissions.



ACCOMMODATION FEASIBILITY

ADHD / LEARNING DISABILITY REQUESTS

These are often feasible if documentation is **exceptionally strong**, but they are also among the most scrutinized categories.

Commonly Reported ADHD-Related Accommodation Outcomes:

- Reduced distraction room
- Additional breaks
- Stop-the-clock breaks
- Split-day testing
- Small amount of extra time (sometimes)

Harder ADHD-related requests:

- 50–100% extra time
- Double time without childhood history
- Accommodations requested for the first time in medical school
- Requests lacking documentation of full neuropsychiatric testing



MEDICAL / CHRONIC ILLNESS ACCOMMODATIONS

For chronic illness, autonomic disorders, pain conditions, GI conditions, etc., these are often considered **relatively feasible** if well documented:

<i>Medical Need</i>	Potential Accommodation
<i>Fatigue/flares</i>	Extra breaks
<i>Orthostatic symptoms</i>	Ability to stand/stretch
<i>Medication timing</i>	Stop-the-clock breaks
<i>Blood sugar management</i>	Food/drink access
<i>Chronic pain</i>	Ergonomic seating
<i>Frequent restroom use</i>	Additional breaks
<i>Sensory overload</i>	Reduced distraction room
<i>Endometriosis/pelvic pain</i>	Heating pad, movement breaks

**The information in this table is based on student reported experiences and should be interpreted as general insight rather than formal or guaranteed outcomes.*

WHAT MAKES AN ACCOMMODATION MORE “FEASIBLE”

Student reports and prior guidance documents suggest that requests are more likely to be approved when they...

1. Address a clearly **documented** barrier
2. Are **proportional** to the impairment
3. Have **prior history/support**
4. Do **not** substantially **alter exam** timing / structure
5. Are supported by **objective** evidence

What Often Hurts Requests

Common pitfalls repeatedly cited by disability specialists and litigation history:

- Vague provider letters
- “Student reports difficulty concentrating.”
- No quantitative testing
- Diagnosis without functional analysis
- Lack of prior accommodation history
- Evaluator unfamiliar with NBME standards
- Relying **only** on school accommodations as proof

WHAT MAKES AN ACCOMMODATION MORE “FEASIBLE”

One Important Nuance

A lot of students think accommodations are binary:

- Approved vs denied

But NBME frequently does: *partial approvals*

Example:

- *Denies 100% extra time*
- *Approves reduced distraction + breaks + split-day testing*

So the “win condition” is often **strategic improvement** in testing conditions, not necessarily getting every requested accommodation.



LETTER TEMPLATES

PROVIDER LETTER TEMPLATE

[ASK PROVIDER TO INSERT OFFICIAL LETTERHEAD HERE]

To whom it may concern,

The purpose of this report is to document the effects of the health conditions that **[PATIENT NAME]** has experienced since she/he/they has been under my care. I have been **[PATIENT NAME]**'s Primary Care Physician since **[YEAR]**.

[PATIENT NAME]'s relevant and ongoing health conditions with corresponding ICD codes are as follows: **[INSERT ICD CODE AND DIAGNOSES HERE IN BULLET POINTS]**.

[PATIENT NAME] has shared that she/he/they began struggling with symptoms of **[CONDITION]** and she/he/they symptoms worsened **[WHEN]**. **[INSERT STATEMENT ABOUT STANDARDIZED EXAMS AS WELL]**. She/he/they has received accommodations at school since **[WHEN]**, which helped manage **[SYMPTOMS CAUSED BY CONDITIONS]**.

For every condition state the following:

According to previous medical records, she/he/they was previously on **[MEDICATIONS WITH EXPLANATIONS FOR ANY MEDICATION CHANGES]**. **[PATIENT NAME]** is currently on **[MEDICATIONS]** and manages their symptoms by **[INSERT COPING SKILLS, THERAPY, ETC]**.

If referred to a specialist:

After further evaluation of, **[INSERT ANY MEDICAL CONDITION CHANGES OR PERSISTING SYMPTOMS]**. I referred **[PATIENT NAME]** to **[SPECIALIST]** for a more in depth workup.

[PATIENT NAME] shared that her/his/their **[CONDITION]** affects **[INSERT HOW IT AFFECTS OUTSIDE OF SCHOOL AND DURING TESTING CONDITIONS]**. **[CONDITION]** impacts **[PATIENT NAME]**'s daily functioning due to **[SYMPTOMS]**. When symptoms arise during an examination, they impair her/his/their focus and require time away from testing by **[SYMPTOMS]**.

As their physician, I recommend the following accommodations for **[PATIENT NAME]**: **[INSERT ACCOMMODATIONS REQUESTED AND EXPLAIN WHY EACH OF THEM IS NECESSARY]**. (Example: Additional testing time and additional breaks in case she/he/they needs to step out of her exam to take medication or manage symptoms).

[INSERT ACCOMMODATIONS REQUESTED] will allow her/him/them to manage her/his/their health conditions without compromising testing performance and support an equitable testing environment.

Sincerely,

[PHYSICIAN NAME], MD/DO with contact information

[ASK PROVIDER TO INSERT OFFICIAL SIGNATURE HERE]

THERAPIST LETTER TEMPLATE

[ASK PROVIDER TO INSERT OFFICIAL LETTERHEAD HERE]

To Whom It May Concern,

I am writing to provide information and advocate accommodations for [NAME] under our care who is experiencing significant challenges related to [CONDITIONS] and [SYMPTOMS] during testing situations. These difficulties have been persistent since [TIME] that currently impact their social, academic, and occupational functioning.

Presenting Problem:

[NAME] experiences [CONDITIONS AND SYMPTOMS EXPERIENCED DAILY]. They also have a history of [INSERT ANY PERTINENT PAST MEDICAL HISTORY].

Assessment Procedure:

To evaluate the condition, we utilized standardized assessment tools such as:
[ASK PROVIDER TO INSERT ASSESSMENT SCORES HERE].

Analysis and Interpretation of Findings: According to the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5), [NAME] meets criteria for [ICD CODES AND CONDITIONS INSERTED BY PROVIDER]. The severity of symptoms significantly impact [INSERT AREAS OF LIFE IMPACTED].

Functional Limitations: [INSERTED BY PROVIDER].

Due to these challenges, I recommend the following accommodations for [NAME]:

Extended testing time: [NAME] requires additional time to manage [SYMPTOMS] and perform to the best of their ability during standardized examinations.

Additional Breaks: [NAME] may need additional breaks during testing to manage [INSERT PHYSICAL SYMPTOMS] and maintain focus during timed high-stakes examinations.

Purpose of Assessment: The assessment process served to identify the [NAME] specific needs and establish a foundation for implementing [INTERVENTIONS]. Appropriate testing accommodations can then be recommended to support academic performance and address the documented challenges.

For these reasons, I strongly recommend consideration of the requested accommodations to ensure that [NAME] is able to participate in testing under equitable conditions that appropriately account for their challenges.

Thank you for your time and attention.

Sincerely,

[ASK PROVIDER TO INSERT OFFICIAL SIGNATURE WITH CONTACT INFORMATION HERE]

PERSONAL STATEMENT TEMPLATE (PT.1)

To Whom It May Concern,

This personal statement explains my request for **[INSERT ACCOMMODATIONS]** for the **[USMLE EXAM NAME]** due to my diagnosis of **[CONDITION(S)]**, which cause functional limitations that significantly affect my performance in timed, high-stakes testing environments.

My symptoms began **[WHEN]**. Earlier in my life, I experienced **[EARLY SYMPTOMS OR INDICATORS]**. If applicable, relevant contextual factors such as **[INSERT BARRIERS TO EARLY IDENTIFICATION OR TREATMENT]** may have contributed to delays in formal evaluation. I was formally diagnosed with **[CONDITION]** during **[INSERT YEAR OR STAGE OF TRAINING]**.

Throughout my education, these symptoms have consistently affected my testing performance. During **[SCHOOL LEVEL OR GRADE]**, I experienced **[TEST-RELATED SYMPTOMS]**, which contributed to **[TESTING DIFFICULTY]**. Despite **[PREPARATION OR EFFORT]**, this resulted in **[OUTCOME OR IMPACT]**.

During **[COLLEGE AND/OR PRE-MED TRAINING]**, particularly during standardized examinations, I experienced **[SYMPTOMS]**, which led to **[CONSEQUENCES SUCH AS RUNNING OUT OF TIME, DIFFICULTY SUSTAINING FOCUS, NEED TO REREAD QUESTIONS, OR PERFORMANCE DECLINE]**. Although my coursework and preparation reflected a strong understanding of the material, my testing outcomes did not always fully reflect my knowledge due to these limitations. During **[INSERT MAJOR STANDARDIZED EXAM, IF APPLICABLE]**, I experienced **[SYMPTOMS]**, resulting in **[OBJECTIVE RESULT OR IMPACT]**.

In medical school, my symptoms became more noticeable under increased academic and testing demands. During examinations, I experience **[COGNITIVE, PHYSIOLOGICAL, OR FUNCTIONAL SYMPTOMS]**. These symptoms can cause **[FUNCTIONAL IMPAIRMENT SUCH AS SLOWED PROCESSING, DISTRACTIBILITY, DIFFICULTY MAINTAINING FOCUS, PHYSICAL DISCOMFORT, ETC.]**, which may result in **[OBJECTIVE CONSEQUENCES SUCH AS INCOMPLETE EXAMS, LOWER SCORES, OR ADDITIONAL TESTING CHALLENGES]**, despite appropriate preparation and understanding of the material.

Recognizing that these challenges extended beyond study strategies alone, I sought professional evaluation and was diagnosed with **[CONDITION(S)]**. Since that time, I have participated in **[TREATMENT OR SUPPORTS SUCH AS THERAPY, MEDICAL MANAGEMENT, OR STRUCTURED SUPPORT STRATEGIES]** and have followed **[TREATMENT OR MANAGEMENT PLAN]**. I remain actively engaged in managing my condition. Despite these interventions, I continue to experience functional limitations during timed examinations.

PERSONAL STATEMENT TEMPLATE (PT.2)

Outside of testing environments, my condition also affects daily functioning in ways such as **[BRIEF EXAMPLES SUCH AS NEED FOR STRUCTURE, ORGANIZATIONAL STRATEGIES, FATIGUE, PHYSICAL SYMPTOMS, OR DIFFICULTY WITH SUSTAINED TASKS ETC.]**. These experiences reflect the ongoing nature of my condition rather than isolated exam-related stress.

My medical school has provided testing accommodations including **[PREVIOUS ACCOMMODATIONS RECEIVED]**, beginning in **[TIMEFRAME]**. With these supports in place, I experienced measurable improvement. I was able to **[FUNCTIONAL IMPROVEMENT SUCH AS COMPLETING EXAMS, MAINTAINING FOCUS, OR MANAGING SYMPTOMS]**, and my performance changed from **[PREVIOUS OUTCOME]** to **[IMPROVED OUTCOME]**. This improvement occurred without major changes in study strategies, suggesting that accommodations directly addressed the functional barriers associated with my condition.

During timed examinations, I experience **[PRIMARY SYMPTOM]**, which leads to **[FUNCTIONAL IMPAIRMENT]** and may result in **[TESTING CONSEQUENCE]**. I also experience **[SECOND SYMPTOM]**, which can contribute to **[CONSEQUENCE]**. Because of these effects, standard testing conditions may prevent my performance from accurately reflecting my knowledge and preparation.

For the **[USMLE EXAM NAME]**, I am requesting **[ACCOMMODATION]**, which is necessary due to **[FUNCTIONAL LIMITATION]**. I am also requesting **[SECOND ACCOMMODATION]**, which will help address **[LIMITATION]**. These supports are intended to offset documented functional impairments and allow me to demonstrate the knowledge and skills I have developed during my medical training.

As described above, **[CONDITION(S)]** have had a meaningful and ongoing impact on my functioning, particularly in high-stakes timed testing environments. These accommodations do not provide an unfair advantage, but rather help ensure an equitable testing environment in which my performance can more accurately reflect my knowledge, abilities, and years of academic preparation.

Thank you for your time and consideration.

Sincerely,

[INSERT NAME AND USMLE ID]

APPEAL LETTER TEMPLATE (PT.1)

To Whom It May Concern,

I am writing to formally appeal the denial/modification of my request for accommodations on the **[USMLE STEP 1/STEP 2 CK/ETC.]** examination.

I respectfully request reconsideration of the following accommodation(s):

- **[ACCOMMODATION]**
- **[ACCOMMODATION]**
- **[ACCOMMODATION]**

I am a **[MD/DO STUDENT]** at **[INSTITUTION]** with a documented history of **[DISABILITY/DISABILITIES]**. My condition substantially limits major life activities, including **[READING, CONCENTRATING, PROCESSING INFORMATION, HEARING, WRITING, MOBILITY, STAMINA, ETC.]**. These limitations significantly impact my ability to access lengthy, high-stakes standardized examinations under standard testing conditions.

My disability affects my testing performance in several specific ways:

- **[Example: Reduced reading fluency and processing speed result in significantly longer time required to read and interpret complex exam questions.]**
- **[Example: Chronic pain and fatigue worsen over prolonged testing periods and impair concentration, endurance, and cognitive efficiency.]**
- **[Example: Hearing impairment limits the ability to accurately process spoken information in certain testing environments.]**
- **[Example: ADHD symptoms impair sustained attention and executive functioning during long examinations without appropriate supports.]**

These limitations are present despite appropriate treatment and coping strategies and are not solely attributable to test anxiety, lack of preparation, or insufficient academic ability.

I have previously received accommodations in **[SCHOOL/COLLEGE/MEDICAL SCHOOL/STANDARDIZED TESTING]**, including:

- **[ACCOMMODATION]**
- **[ACCOMMODATION]**

These accommodations have been necessary to provide equitable access and accurately reflect my knowledge and abilities.

APPEAL LETTER TEMPLATE (PT.2)

I respectfully believe the denial/modification decision may not fully account for:

- The cumulative impact of my functional limitations during prolonged standardized testing
- The consistency of my documented history across clinical records and educational settings
- Evidence of prior accommodation use and effectiveness
- The distinction between academic knowledge and disability-related barriers to test access

Without appropriate accommodations, my examination performance may reflect the effects of my disability rather than my actual medical knowledge and clinical reasoning abilities.

In support of this appeal, I have included:

- **Updated clinical documentation**
- **[NEUROPSYCHOLOGICAL EVALUATION/MEDICAL RECORDS/AUDIOLOGY DOCUMENTATION/ETC.]**
- **Prior accommodation records**
- **Supporting letters/documentation**

Thank you for your time and reconsideration of my request. I appreciate your review of the enclosed materials and respectfully request approval of the accommodations outlined above.

Sincerely,

[NAME AND USMLE ID]

CONCLUSIONS

CONCLUSIONS

At MSDCI National, we recognize that navigating the USMLE accommodations process can be complex and discouraging. Many students enter this process without clear guidance on documentation, application structure, or how to communicate functional impairment within standardized testing environments. This guide was created to provide transparency, practical strategies, and peer informed support for students navigating these challenges.

We firmly believe that students with disabilities and chronic illnesses are an essential part of the medical profession. Although the accommodations process may require persistence and extensive documentation, many students have successfully obtained support that improved their testing experience and academic progression.

We encourage students to seek mentorship, connect with peers, and utilize available resources throughout this process. As medicine continues to evolve, creating accessible and inclusive training environments remains essential to the future of the profession. We hope this guide serves as a practical and supportive resource as students navigate the USMLE accommodations process with greater clarity and confidence.

This guide was written by medical students based on personal experiences and publicly available resources. It is intended for informational purposes only and does not represent the views or policies of the NBME, USMLE, AAMC, or affiliated institutions.

Sincerely,

The MSDCI National Team

RESOURCES

RESOURCES

[Docs With Disabilities USMLE Accommodations Guide¹⁰](#)

This guide provides practical information for students navigating accommodations requests.

It was specifically designed for:

- Medical students
- Disability Resource Professionals (DRPs)
- Advisors/faculty



[USMLE Test Accommodations Overview¹](#)

Official overview page with:

- Request types
- Timelines
- Policies
- ADA framework
- FAQs

Important detail:

USMLE recommends submitting requests as **early as possible** because decisions can take up to **60 business days**.

[USMLE Make a Request Page²](#)

This is the **main documentation standards** page.

Very important because it breaks down requirements by:

- ADHD
- Psychiatric disabilities
- Medical conditions
- Sensory impairments
- Learning disorders

This page outlines the “grading rubric” NBME uses.

RESOURCES

[NBME Accommodations Instructions PDF](#) ³

Useful for:

- Required forms
- Documentation checklist
- Required components
- *Technical* formatting expectations

[Docs With Disabilities Webinar Series \(YouTube\)](#)

Covers:

- How the process works
- Documentation
- Timelines
- Approval strategies
- Common mistakes



Good if you learn better by hearing someone explain the “hidden curriculum” out loud.

[Personal Statement Webinar for NBME Requests](#)

Focused specifically on:

- How to write a personal statement
- How detailed to be
- How to frame functional limitations
- How to avoid vague language



CONTACT US

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General inquiries

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MSDCI local chapters

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Social media

communications@msdci.org

Mentorship Program

mentorship@msdci.org

Policy work

policy@msdci.org

Website

<https://msdci.org>



LinkTree

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Find our socials, GroupMe, event information, newsletter and more:



CITATIONS

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1. United States Medical Licensing Examination. Test accommodations. USMLE. Accessed February 23, 2026. <https://www.usmle.org/what-to-know/test-accommodations>
2. United States Medical Licensing Examination. Make a request: Guidelines & requirements. USMLE. Accessed February 23, 2026. <https://www.usmle.org/what-to-know/test-accommodations/make-a-request#guidelines-requirements>
3. National Board of Medical Examiners. Test Accommodations Overview and Instructions. NBME; 2020.
4. United States Medical Licensing Examination. Percentage of USMLE accommodation requests approved fully or partially [infographic]. USMLE. Accessed February 23, 2026. <https://www.usmle.org/what-to-know/test-accommodations>
5. Petersen KH, Meeks LM, Case B, Stergiopoulos E, Plegue M. Impact of USMLE Step 1 accommodation denial on US medical schools and medical students with disabilities. PLoS One. 2022;17(4):e0266685. doi:10.1371/journal.pone.0266685
6. Nguyen M, Abrams G, Hodgens T, et al. Race and disability characteristics and accommodation disparities on the USMLE Step 1. JAMA Netw Open. 2025;8(9):e2534621. Published September 2, 2025. doi:10.1001/jamanetworkopen.2025.34621
7. American Medical Association. Need USMLE or COMLEX accommodations? What medical students must know. AMA. Published February 16, 2023. Accessed May 23, 2026. <https://www.ama-assn.org/medical-students/usmle-step-1-2/need-usmle-or-comlex-accommodations-what-medical>
8. Association of American Medical Colleges. Graduation Questionnaire (GQ). Accessed May 25, 2026. <https://www.aamc.org/data-reports/students-residents/report/graduation-questionnaire-gq>
9. Association of American Medical Colleges. Matriculating Student Questionnaire (MSQ). Accessed May 25, 2026. <https://www.aamc.org/data-reports/students-residents/report/matriculating-student-questionnaire-msq>
10. Medical Students with Disability and Chronic Illness National. MSDCI guide to accessing disability accommodations during undergraduate medical education [PDF]. Published February 2022. Accessed May 23, 2026. <https://msdci.org/wp-content/uploads/2025/06/MSDCI-Guide-to-Accessing-Disability-Accommodations-During-UME-1.pdf>



**MEDICAL STUDENTS WITH
DISABILITY AND CHRONIC ILLNESS**
Community. Advocacy. Education. Accessibility.

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Published June 2026.

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