Request for Exam Accommodations Due to Lactation



To be completed by the Candidate

If you have need of an accommodation because you are lactating and need to express breast milk, please complete this form, and submit it with your application at least 30 days prior to your requested exam date. This submission must include a copy of the birth certificate of the child you are breastfeeding or a doctor's note, a certification by a medical professional, or other appropriate documentation to support your request for accommodation. The information in this form, including your need for accommodation and any supporting documentation, will be treated as confidential in accordance with appliable 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:
1. Please provide the date of birth of child you are breastfeeding.	
2. What accommodations do you request?	

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

Candidates who require accommodation due to lactation should submit the form "Request for Examination Accommodation Due to Lactation" and supporting documentation.