

THE AMERICAN BOARD OF ORTHOPAEDIC SURGERY CERTIFICATION EXAMINATIONS ACCOMMODATIONS POLICY AND PROCEDURES

Purpose:

This policy provides the guidelines for the evaluation and granting of requests for reasonable accommodations in the administration of The American Board of Orthopaedic Surgery (“ABOS”) certification and MOC/recertification examinations to qualified applicants with disabilities and to ensure that the examination is administered in a manner that does not discriminate against such applicants in violation of the Americans with Disabilities Act (ADA).

Policy:

The ABOS will grant reasonable testing accommodations to qualified individuals with disabilities that timely apply and provide the necessary supporting documentation. All requests for accommodations will be considered on a case-by-case basis.

Qualified Applicants:

The ADA defines an individual with a disability as a person who has a physical or mental impairment that substantially limits that person in one or more major life activities, has a record of such impairment, or is regarded as having such impairment. “Major life activities” include functions such as caring for oneself, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and working. A “qualified” individual with a disability is one who meets the statutory and regulatory requirements to sit for the examination and with or without reasonable accommodation, can perform the essential functions of an orthopaedic surgeon.

Reasonable Accommodation:

Reasonable accommodation means a modification in the examination administration that does not fundamentally alter the requirements for licensure or the measurement of the knowledge, skills and abilities the examination is designed to test and that does not impose an undue hardship.

Applicant’s Responsibilities:

The applicant has the responsibility of submitting the requested supporting information in a timely manner. The required documentation shall include a diagnosis of the specific disability by a professional qualified to assess and diagnose the asserted disability.

Procedure to Request an Accommodation:

1. The applicant must submit a completed Accommodation Request Form (below) and the required documentation based on the following schedule:
 - ◆ Part I: Part I Examination Application Deadline
 - ◆ Part II: Part II Examination Application Deadline
 - ◆ Recertification:
 - Oral or Computer Based Recertification Examinations: Application Deadline
 - ABOS Web Based Longitudinal Assessment: A minimum of 30 days prior to the first day of that year’s administration window.

Receipt of the Request Form and required documentation will be acknowledged by the ABOS.

2. The documentation must include:
 - Name, title, credentials, and area of specialization of the professional making the diagnosis and accommodation recommendation.
 - A diagnosis of the disability pursuant to the Diagnostic and Statistical Manual of Mental Disorders (DSM-5 or newer version) or other applicable and recognized professional standard with copies of all evaluations and reported scores from professionally recognized diagnostic tests, where applicable.
 - Recommendation for specific accommodations.
 - Reason for requesting specific accommodations (i.e., how the accommodation addresses the possible confounding effects of your disability on examination results).
3. As designated on the Request Form, the applicant must authorize the disclosure of the submitted documentation for the sole purpose of reviewing the accommodation request.
4. The ABOS reserves the right to request additional information from the candidate requesting accommodations on its examinations.
5. If the applicant's documentation is incomplete or insufficient, notice will be given to the applicant.

Confidentiality of Required Documentation:

Submitted documentation will be kept confidential, and will be disclosed only to authorized ABOS staff or consultants for the sole purpose of evaluating the accommodation request.

Review of Accommodation Request Form:

The ABOS will review the request only after receiving all of the required documentation. Each request will be considered on its own merit relative to the documentation received regarding the disability. The ABOS may seek the review of the documentation by a qualified healthcare professional to assist in the evaluation of the request.

Notification of Determination:

The ABOS will notify the applicant in writing when the review is complete. If the request is denied, the letter will state the reason for the denial. An applicant denied a request for a testing accommodation may appeal that decision in accordance with the ABOS's Rules and Procedures posted on the ABOS's website at www.abos.org.

**The American Board of Orthopaedic Surgery
Examination Accommodations Request Form**

Section I – Applicant Information

Name: _____

Last

First

Middle

Current Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone Number: _____ Alternate Phone Number: _____

Email Address: _____

Date of Birth: ____/____/____
 Month Day Year

Section II - Information About Your Disability and Requested Accommodations

Describe the nature of your disability? *Please provide the specific diagnosis rendered by a healthcare professional.*

When was your disability first diagnosed?

How does your disability affect your daily life?

How does your disability affect your ability to take the examination?

What examination are you requesting this accommodation for?

What accommodation(s) are you requesting in the administration of the examination?

Time and a half

Double time

Separate room

Large font size

Other

Describe any accommodations you have received in the past for academic or licensure examinations?

Section III - Documentation Requirements

A comprehensive and current report (no more than three years old) from a professional qualified for evaluating your disability must accompany this request form. The report must include the following:

- Name, title, credentials and area of specialization of the professional making the diagnosis and accommodation recommendation
- A diagnosis of the disability pursuant to the Diagnostic and Statistical Manual of Mental Disorders (DSM-5 or newer version) or other applicable and recognized professional standard with copies of all evaluations and reported scores from professionally recognized diagnostic tests, where applicable.
- Recommendation for specific accommodations.
- Rationale for requesting specific accommodations (i.e., how the accommodation addresses the possible confounding effects of your disability on examination results).

Section IV – Candidate Affirmation

My signature on this form affirms that the information I have provided on this request is true and accurate. I have truthfully represented my disability and the impact it has on my daily life and computerized examinations.

Section V – Authorization for Release of Information

If clarification of further information regarding the documentation provided is needed, I authorize the ABOS to contact the professional(s) who diagnosed the disability and/or those entities who have provided me test accommodations. I authorize such professional(s) and entities to communicate with the ABOS in this regard to provide the ABOS with such clarification and/or further information. I also authorize the ABOS to disclose the submitted documentation to an authorized ABOS healthcare professional consultant solely for the purpose of evaluating my request for an accommodation.

Signature

Date