



## **The American Board of Orthopaedic Surgery Certification Examination Accommodations Policy and Procedures Application Form Part II Certification and Oral Recertification**

### **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) Part II Certification and Oral Recertification Examinations. Testing accommodation is intended to ensure that the examination is administered in a manner that does not discriminate against applicants under the Americans with Disabilities Act (ADA) guidelines.

### **Policy**

The ABOS will grant reasonable testing accommodations to qualified individuals with a disability who complete an application and provide the necessary supporting documentation by the stated deadline. The ABOS cannot grant additional examination time. All requests for accommodation will be considered on a case-by-case basis. The submitted documentation will be kept confidential and will be disclosed only to authorized ABOS staff or advisors for sole purpose of evaluating the accommodation request.

### **Submitted Application**

The ABOS will review the request only after receiving all the required documentation. Each request will be considered on its own merits, based on 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.

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 Rules and Procedures at [www.abos.org](http://www.abos.org).

## **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 events, has a record of such impairment or is regarded as having an impairment. 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.

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

## **Procedure to Submit an Accommodation Request**

1. Review the Americans with Disabilities Act (ADA) [guidelines](#).
2. Review the ABOS Accommodations webpage and submission [deadline](#) for when all required documents are due. Accommodation is not guaranteed if required documentation is submitted after the deadline.
3. For preapproved items view [here](#).
4. Complete all questions on the American Board of Orthopaedic Surgery Examination Accommodation Request Form.
5. Submit a comprehensive report (valid within the last 3 years) from a qualified professional in evaluating your disability, to include:
  - a. Name, title, credentials and area of specialty of the professional making the diagnosis and accommodation request.
  - b. A diagnosis of the disability pursuant to the Diagnostic and Statistical Manual of Mental Disorder (DSM-5 or newer version) or other applicable and recognized professional standards with copies of all evaluations and reported scores from professionally recognized diagnostic tests. Long-standing diagnosis may include older testing and/or documentation, but the report received within the last 3 years must confirm the diagnosis is still applicable.
  - c. A detailed description of recommendations for specific accommodation that includes a rationale for that request and stating how the accommodation could address the possible confounding effects of your disability on examination results.

The ABOS reserves the right to request additional information from the candidate requesting accommodations on its examinations. If you have any questions regarding accommodations, please email [accommodations@abos.org](mailto:accommodations@abos.org).

**Candidate Information**

Name:

Date of Birth:

Current Address:

City:

State:

Zip Code:

Email:

Phone Number:

**Accommodation Request**

Select which accommodation you are requesting in the administration of the examination.

Selection	Accommodation	Description
	Nursing	An ADA Accommodations form is not necessary. Please complete an ABOS Breastfeeding Form located on <a href="http://www.abos.org">www.abos.org</a> .
<input type="checkbox"/>	Separate Room	Private examination booth
<input type="checkbox"/>	Diabetic	List specific equipment required for use at the oral examination including the make and model of each device(s). This includes wearable monitoring devices and pumps.  If a cellular phone is required to monitor glucose levels it must be silenced and placed in Airplane Mode.  If the monitor device reads out loud or has sound alerts, the candidate is required to test in a separate room to not disturb the other test takers.
<input type="checkbox"/>	Wheelchair Access	An elevator is available for use between the examination floors.
<input type="checkbox"/>	Bluetooth Hearing Aid	If a cellular phone is required to adjust volume levels it is permitted in the examination booth; however, it must be silenced and placed in Airplane Mode.
<input type="checkbox"/>	Other	Details:

## **Information on Disability**

1. Describe the nature of your disability.
  
2. When was your disability first diagnosed?
  
3. Describe any accommodation(s) you may have received in the past for academic or licensure examinations.
  
4. How does your disability affect your daily life?
  
5. How does your disability affect your ability to take the examination?

## **Authorization for Release of Information**

If clarification of further information regarding the documentation provided is needed, I authorize the American Board of Orthopaedic Surgery (ABOS) to contact the professional(s) who diagnosed the disability and/or those entities who have provided test accommodations.

I authorize such professional(s) and entities to communicate with the ABOS in this regard to provide clarification and/or further information. I authorize the ABOS to disclose the submitted documentation to an authorized ABOS healthcare professional consultant solely for the purpose of evaluation my request for accommodations.

My signature on this form attests that the information I have provided is true and accurate.

Signature:

Date Submitted: