



The American Board of Orthopaedic Surgery Alternate Date Part I Certification Examination Policy and Procedure

Purpose

The ABOS will provide, upon approved request, an alternative date for the Part I Certification Examination for certain circumstances beyond the control of the Candidate.

Policy

This alternative date is available only for those Candidates who are unable to participate in the regularly scheduled examination due to a life event including, but not limited to, death in the immediate family, serious injury or illness, military deployment or recent or impending childbirth. **NO ALTERNATIVE DATE WILL BE OFFERED TO ACCOMMODATE UNAVAILABILITY DUE TO VACATION OR TRAVEL.** There will only be one alternative date each year. If a Candidate cannot participate in either the regularly scheduled Part I Examination or the alternative date, the Candidate will be required to take the Part I Examination the next year, assuming that the Candidate remains eligible to take the Part I Examination that year.

Submitted Application

To request to test on the Alternate Date, Candidates should complete the form below. The request for the Alternative Date, along with the required supporting documentation, must be submitted by the deadline. The ABOS reserves the right to request additional documentation. ABOS has the sole discretion to determine whether a Candidate qualifies for the alternative date. In April, the ABOS will notify the when the review is complete. If the request is denied, the letter will state the reason for the denial.

Procedure to request the Alternate Date:

1. 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.
2. Complete all questions on the American Board of Orthopaedic Surgery Examination Accommodation Request Form.
3. Submit a comprehensive report (valid within the last 3 years) from a

qualified professional in evaluating your accommodation, 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.

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 alternate date request.

Part I Examination Alternate Date Request Form

Section 1-Applicant Information

Name:

(last)

(first)

(middle)

Current Street Address:

City:

State:

Zip code:

Phone number:

Alternate phone number:

Email address:

Date of birth:

(month) (day) (year)

Section II-Information about Your Request to Test on an Alternate Date

Describe the life event you are experiencing and why these circumstances would prevent you from testing on the original date.

Section III-Documentation

Please attach the required documentation as detailed above.

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 current life event and how it impacts my ability to be present for the examination on the original date.

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 provided documentation as to my life event. 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 alternate date.

Candidate Signature

Date

Please submit to accommodations@abos.org