



The American Board of Orthopaedic Surgery Computer Examination Accommodations Policy and Procedures Application Form

Part I Certification, Subspecialty Certification, and Computer-Based Recertification Examinations, and Web-Based Longitudinal Assessment

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 I Certification, Subspecialty Certification, and Recertification Examinations (Computer-Based, and the Web-Based Longitudinal Assessment). 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. 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.

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.

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.

Procedure to Submit an Accommodation Request

1. Review the Americans with Disabilities Act (ADA) [guidelines](#).
2. Review the ABOS Accommodations webpage, the examination time chart and submission deadline for when all required documents are due. Accommodation is not guaranteed if required documentation is submitted after the deadline.

Part I Certification	Time Chart	Deadline
Surgery of the Hand Subspecialty Certification	Time Chart	Deadline
Sports Medicine Subspecialty Certification	Time Chart	Deadline
Computer-Based Recertification	Time Chart	Deadline

3. For preapproved items view [here](#). These items are permitted at Pearson VUE Testing Centers without prior arrangements.
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.

The American Board of Orthopaedic Surgery Examination Accommodations Request Form

Select which examination you are requesting accommodation for on the chart below:

Selection	Examination
<input type="checkbox"/>	Part I Certification
Subspecialty Certification Examinations	
<input type="checkbox"/>	Surgery of the Hand Subspecialty Certification
<input type="checkbox"/>	Sports Medicine Subspecialty Certification
Recertification Examinations	
<input type="checkbox"/>	Web Based Longitudinal Assessment (WLA)
Computer-Based	
<input type="checkbox"/>	General Orthopaedics
<input type="checkbox"/>	Adult Reconstruction Orthopaedics
<input type="checkbox"/>	Surgery of the Spine
<input type="checkbox"/>	Shoulder Elbow Orthopaedics
<input type="checkbox"/>	Orthopaedic Sports Medicine
<input type="checkbox"/>	Trauma Orthopaedics
<input type="checkbox"/>	Musculoskeletal Oncology
<input type="checkbox"/>	Foot and Ankle Orthopaedics
<input type="checkbox"/>	Pediatric Orthopaedics
<input type="checkbox"/>	Surgery of the Hand

Candidate Information

Name:

Date of Birth:

Current Address:

City:

State:

Zip Code:

*Preferred Test Center Location
(WLA not included)

Email:

Phone Number:

Accommodation Request

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

Selection	Accommodation	Description	Eligible Exams
	Nursing	An ADA Accommodations form is not necessary. Please complete an ABOS Breastfeeding Form located on www.abos.org .	
	Extra Breaks	Additional Break Time for Nursing Mothers Only	Part I Certification Surgery of the Hand Subspecialty Certification Sports Medicine Subspecialty Certification
<input type="checkbox"/>	Time and a half	Standard Time + 50%	Part I Certification Surgery of the Hand Subspecialty Certification Sports Medicine Subspecialty Certification WLA Computer-Based Recertification
<input type="checkbox"/>	Double Time	Standard Time + 100%	Part I Certification (administered over 2 days) Surgery of the Hand Subspecialty Certification Sports Medicine Subspecialty Certification WLA Computer-Based Recertification
<input type="checkbox"/>	Separate Room	If approved, online scheduling is not permitted. Once approved, to schedule the examination, please contact the Pearson VUE Accommodations Scheduling Department at 800-466-0450.	Part I Certification Surgery of the Hand Subspecialty Certification Sports Medicine Subspecialty Certification Computer-Based Recertification

<input type="checkbox"/>	Zoom Text	A software application that allows for magnification greater than 200% and ability to change color.	Part I Certification Surgery of the Hand Subspecialty Certification Sports Medicine Subspecialty Certification Computer-Based Recertification
<input type="checkbox"/>	Diabetic	List specific equipment required for use at the testing center to include 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.	Part I Certification Surgery of the Hand Subspecialty Certification Sports Medicine Subspecialty Certification Computer-Based Recertification
<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: