

THE AMERICAN BOARD OF ORTHOPAEDIC SURGERY ALTERNATE DATE ORAL EXAMINATION POLICY AND PROCEDURES

The ABOS will provide, upon approved request, an alternative date for the Part II or Recertification Oral Examinations for certain circumstances beyond the control of the Examinee. This alternative date is available only for those Examinees who are unable to participate in the regularly scheduled Oral Examinations 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 an Examinee cannot participate in either the regularly scheduled Oral Examination or the alternative date, the Examinee will be required to take the Oral Examination the next year, assuming that the Examinee remains eligible to take the Oral Examination that year.

To request to test on the Alternate Date, Examinees 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 an Examinee qualifies for the alternative date. Receipt of the form and required documentation will be acknowledged by the ABOS.

Procedure to request the Alternate Date:

1. The Examinee must submit a completed Alternate Date Request Form (below) and the required documentation by March 15, 2024.
2. The documentation must include:
 - A letter from a treating physician or provider with his or her name, title, credentials, and area of specialization of the professional providing treatment that provides details as to why the Examinee cannot be present for the examination on the original date.
3. The documentation must be from the current year in which the Examinee is requesting the Alternate Date.
4. As designated on the form, the Examinee must authorize the disclosure of the submitted documentation for the sole purpose of reviewing the request.
5. If the Examinee's documentation is incomplete or insufficient, notice will be given to the Examinee.

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.

Review of Alternate Date 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 request.

Notification of Determination:

The ABOS will notify the Examinee in writing on April 19, 2024, if the request has been approved. If the request is denied, the letter will state the reason for the denial.

Part II 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 – Examinee 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.

Examinee Signature

Date