



# 2014 SPECIAL EXAMINATION ACCOMMODATIONS REQUEST FORM

Consistent with its adherence to the Americans with Disabilities Act (ADA) and corresponding ADA regulations, the American Board of Addiction Medicine provides reasonable examination accommodations, modifications, or auxiliary aids/services for physicians with documented, ADA-covered disabilities who demonstrate a need for such assistance in order to be put on equal footing with candidates who do not have such disabilities.

Please email your completed Special Examination Accommodations Request Form with your 2014 ABAM Certification Examination Application.

Full Name: \_\_\_\_\_

Contact Email: \_\_\_\_\_

**What is the nature of your disability or medical condition?**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Chronic health problem | <input type="checkbox"/> Hearing disability          | <input type="checkbox"/> Learning disability |
| <input type="checkbox"/> Physical disability    | <input type="checkbox"/> Temporary accidental injury | <input type="checkbox"/> Visual disability   |

**Please describe how the impairment limits your ability to take the examination under standard conditions:**

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**Accommodation(s) requested: (please check all that apply)**

- Extended testing time – time and one half (50% more time to complete examination)
- Extended testing time – double time (100% more time to complete examination)
- Frequent breaks/additional break time
- Individual testing room (for those whose disability necessitates separation from all other examinees)
- Brailled or large print examination
- Reader (if a reader is requested and approved, an accommodation of a separate room is also required)
- Other: \_\_\_\_\_

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Please include the following required documentation with your Special Examination Accommodations Request Form. Documentation should:

- Demonstrate the existence of a physical or mental impairment;
- Address whether the impairment substantially limits one or more major life activities within the meaning of the ADA; and
- Address whether – and how – the impairment limits your ability to take the examination under standard conditions.

### Special Examination Accommodations Attestation

Applicants must read, date and agree to the attestation outlined below.

*I certify that the information I have provided is true and accurate. If further information is required by ABAM regarding the information I have provided, I authorize ABAM to contact the physician who diagnosed the disability or medical condition. I have authorized the physician to communicate with ABAM in this regard to provide ABAM with clarification and/or further information. I understand that the decisions as to whether the appropriate information has been submitted; whether my disability is covered by the ADA for purposes of an ABAM examination; and whether and what accommodation, modification, or auxiliary aid/service is needed, are within the sole discretion of ABAM. I understand that ABAM reserves the right to request further verification, if necessary, of the evaluating physician's credentials and expertise relevant to the diagnosis. ABAM also reserves the right to require further evaluation of the applicant's request for special examination accommodation, modification, or auxiliary aid/service by a professional of its choice at ABAM's expense.*

I Agree  Yes  No

Full Name: \_\_\_\_\_

Date:   /   /

Pending internal review, ABAM will provide such reasonable accommodations, modifications, or auxiliary aids/services, unless doing so would place an undue burden on ABAM (i.e., significant difficulty or expense) or fundamentally alter the measurement of the knowledge or skills the ABAM certification examination is intended to assess.

Candidates will be notified of ABAM's decision within thirty (30) days of receipt of their paid examination application and Special Examination Accommodations Request Form.

Please refer to the [Instructions for Submitting Application Documentation](#) for additional assistance on submitting this form.

**If you should have any questions on completing this form and/or the required documentation, please call the ABAM Credentialing Department at (301) 547-4118 or (240) 235-2379.**