

THE AMERICAN BOARD OF ANESTHESIOLOGY®

4208 Six Forks Road, Suite 900, Raleigh, NC 27609-5735

Phone (866) 999-7501 Fax (866) 999-7503

www.theABA.org

Request for Test Accommodation on an ABA Examination

Individuals must request examination under nonstandard conditions in writing **no later than the published request deadlines on the ABA website at www.theABA.org**. The ABA requires that you complete this form because you requested test accommodation when you take an ABA examination. For the ABA to consider your request for test accommodation it must receive the completed form no later than the applicable request deadline and it must have documentation and other evidence of the nature, severity and impact of your disability on your ability to take the examination under standard conditions no later than the published documentation deadlines on the ABA website at www.theABA.org.

Documentation includes, but is not limited to:

- A specific diagnosis of your impairment made by the licensed specialist who diagnosed the condition.
- Evidence of the current nature and severity of your impairment that demonstrates that the impairment substantially limits your ability to take under standard testing conditions the ABA examination for which accommodation are requested.
- Assessments of your condition based on testing results and evaluations performed within five years of the examination for which accommodation is requested.
- Results of tests performed when you are using mitigating measures (e.g. medication, assistive devices, or prosthetic) or compensating behaviors that are available to control or correct the symptoms or limitations of your condition.
- A copy of the specialist's evaluation reports that (1) list the standardized tests and other assessment instruments administered, (2) include your test scores or ratings, and (3) include the specialist's interpretation of those scores or ratings.
- The specialist's recommendations for specific modifications to the standard testing conditions and the specialist's explanation of why each is warranted and deemed appropriate to accommodate the limitations due to the impairment.

The ABA will consider your request for test accommodation only if it receives the required form and documentation no later than the published deadline dates. You should send the documentation to: Attn: Nonstandard Examinations, The American Board of Anesthesiology, 4208 Six Forks Road, Suite 900, Raleigh, NC 27609-5735.

PLEASE TYPE OR PRINT.

Personal Information

1. Name _____
Last First Middle Initial

ABA examination for which test accommodation is being requested

2. Exam Year _____

3. Examination Type (please check one):

- | | | |
|---|---|---|
| <input type="checkbox"/> Part 1 Examination | <input type="checkbox"/> Maintenance of Certification | <input type="checkbox"/> Critical Care Medicine |
| <input type="checkbox"/> Part 2 Examination | (Check which exam administration): | <input type="checkbox"/> Pain Medicine |
| | ____ January Exam | |
| | ____ July Exam | |

Current Nature and Severity of the Impairment

4. Please provide a specific diagnosis of the impairment to be accommodated. (General descriptions such as 'learning problems' or 'processing deficit' are not adequate.)

5. What is the date the condition first was diagnosed? _____

6. What is the most recent date the condition was evaluated? _____

Limitations Due to the Impairment

- 7. Please provide a personal statement that explains specifically how the diagnosed impairment limits your ability to take the examination identified in #3 above under standard testing conditions.

Assistive Devices and Mitigating Measures

The information provided in response to Section 8 pertaining to your use of any available assistive devices and mitigating measures will be used *solely* to determine the reasonableness of the test accommodation you have requested for the ABA examination. This information will not be used in any respect to determine if you are an individual with a disability protected under the Americans with Disabilities Act, as amended.

- 8. Are assistive devices or mitigating measure(s) (e.g. medications) available that could control or correct the symptoms or limitations of your impairment?

Yes _____ (Answer questions 8a – 8j) No _____ (Continue to question #9)

Questions 8a – 8j: Check 'NONE' when appropriate

- 8a. Do you currently use any mitigating measure(s) (including a medication, assistive device, or prosthetic) or compensating behavior(s) in your clinical practice to control or correct the symptoms or limitations of your impairment?

NO: Explain why you are not using available assistive devices or mitigating measures. Once explanation is provided below, proceed to question #9.

YES: Identify each mitigating measure, corrective device and/or compensating behavior(s) you use.

8b. How long have you used these mitigating measure(s) or compensating behavior(s)?

8c. What symptoms and limitations did you experience because of your impairment before using these mitigating measure(s) or compensating behavior(s)? **NONE**

8d. What effect does the current use of these mitigating measure(s) or compensating behavior(s) have on the symptoms and limitations of your impairment, i.e. how well does it control the symptoms and limitations of your impairment? **NONE**

8e. Identify what symptoms, limitations or complications from your impairment that are unaffected or uncontrolled by the mitigating measure(s) or compensating behavior(s). **NONE**

Please explain if any of these unaffected or uncontrolled symptoms, limitations or complications limit your ability to perform any major life activity. **NONE**

8f. Do any of these mitigating measure(s) or compensating behavior(s) become less effective over time or under certain conditions? Please Explain. **NONE**

8g. Please explain if you had to change mitigating measure(s) or compensating behavior(s) because previous ones became less effective. **NONE**

8h. Please explain if your use of any of these mitigating measure(s) or compensating behavior(s) result in any side effects or complications, either individually or in combination with the use of other mitigating measure(s) or compensating behavior(s)? **NONE**

Please explain if any of these side effects or complications limit your ability to perform a major life activity. **NONE**

8i. Will you use any mitigating measure(s) or compensating behavior(s) when you take the examination for which you are requesting accommodation? Please explain why you will or will not?

8j. Did you use any mitigating measure(s) or compensating behavior(s) at the time you were tested to evaluate the disability for which you are requesting accommodation? If Yes, please specify each mitigating measure or compensating behavior you used. If No, please explain why you did not use any mitigating measure or compensating behavior during your testing.

Accommodation in Clinical Training/ Clinical Practice:

9. Did you have accommodation for your impairment in your bedside clinical activities as an anesthesiology resident or fellow?

Yes _____ No _____

If Yes, describe each accommodation and the reason for it. (**Do not list test accommodations**).

10. Do you have accommodation for your impairment in your clinical practice?

Yes _____ No _____

If Yes, identify each accommodation and the reason for it. (**Do not list test accommodations**).

Test Accommodation Requested

11. Request only accommodations necessary and appropriate to accommodate the effect of the impairment on your ability to take the examination under standard conditions.

What specific test accommodation are you requesting? For each, explain why it is an appropriate and necessary accommodation, given the limitations on your ability to take the examination under standard testing conditions due to your impairment.

12. Do you require wheelchair access at the examination facility?

Yes _____ No _____

Prior Test Accommodation

13. Did you have special accommodation for college tests?

Yes _____ No _____

If yes, what were the test accommodations?

14. Did you have special accommodation for medical school tests?

Yes _____ No _____

If yes, submit a statement from the medical school that describes the test accommodation.

15. Did you have special accommodation for tests given by the anesthesiology residency program?

Yes _____ No _____

If yes, submit a statement from your anesthesiology residency program that describes the test accommodation.

16. Did you have special accommodation for an anesthesiology in-training, medical licensure or other standardized examination?

Yes _____ No _____

If yes, check all that apply, describe the examination accommodation and submit statements from the testing agencies that describe the examination accommodation.

_____ ABA/ASA In-Training Examination	Year(s)	_____
_____ USMLE Step 1	Year(s)	_____
_____ USMLE Step 2	Year(s)	_____
_____ USMLE Step 3	Year(s)	_____
_____ Other Standardized Examinations:		
Exam:	Year:	
_____	_____	
_____	_____	
_____	_____	
_____	_____	

Certification/Authorization

I certify that the above information is true and accurate. If test accommodation granted to me include a deviation from the standard testing time schedule, I agree that, from the time I begin the examination until I have completed it, I will not communicate in any way with any other individuals taking the examination and I will not communicate in any way with any such individuals about the content of the examination.

Signature _____

Date _____

If clarification or further information regarding the documentation provided is needed, I authorize the ABA to contact the specialist(s) who diagnosed my impairment and/or those entities, which have granted me testing accommodation. I authorize such specialists and entities to communicate with the ABA in this regard to provide ABA with such clarification and/or further information. I agree to release and hold harmless each such specialist and entity from liability to me arising out of the giving or release of Information to the ABA in connection with this Request for Test Accommodation. This release and agreement includes liability for the inaccuracy or untruth of the Information, so long as such Information is provided in good faith. I also release and agree to hold harmless the ABA and its agents and employees, including its directors and officers and examiners, from any liability to me as a result of making such contact with the specialist(s) who diagnosed the impairment and/or with the entities which have granted me testing accommodation, provided such contact was made or conducted in good faith.

Signature _____

Date _____