

THE AMERICAN BOARD OF ANESTHESIOLOGY

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

Phone: (866) 999-7501 | Fax: (866) 999-7503 | Website: www.theABA.org

MOCA Cognitive Examination: Request for Test Accommodation Form

FORM INSTRUCTIONS

Please read the following instructions in entirety before completing this form

Individuals must request examination under nonstandard conditions in writing **no later than the published request deadline**. Applicable deadline dates are available on the ABA website at www.theABA.org in the Examinations & Certifications section. The ABA requires that you complete and submit this form no later than the published nonstandard request deadline for the MOCA Cognitive Examination.

The ABA only reviews and responds to one examination accommodation request at a time. Individuals seeking accommodation on more than one examination must submit the applicable request form for each examination.

The ABA process established to consider requests for test accommodation because of a disability is described in Section 6 of the ABA Booklet of Information. Please read this section in its entirety to familiarize yourself with the process. You may access a copy of the Booklet of Information in the Publications section of the ABA website at www.theABA.org.

The ABA must receive documentation of the nature and severity of your disability, and its impact on your ability to take the examination under standard conditions. **Individuals requesting accommodation should read the ABA's "Guidelines for Requesting Test Accommodation"**. These guidelines are provided for examinees, evaluators, faculty and others who may be involved in the process of documenting your request for test accommodation. You are encouraged to share these guidelines with your evaluator, therapist, or treating physician, so that the appropriate documentation can be assembled and submitted to support your request for test accommodation. The guidelines document is available on the ABA website at www.theABA.org in the Examinations & Certifications section.

All requests for test accommodation must be reviewed, adjudicated and agreed upon in advance of the examination; **therefore early submission of the required documentation is highly encouraged**.

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

PLEASE TYPE OR PRINT LEGIBLY.

Personal Information

1. Name _____
Last First Middle Initial

Year for which test accommodation is being requested for the MOCA Cognitive Examination

2. Exam Year _____

Place a check mark beside the appropriate examination administration for the MOCA Cognitive Examination:

- Winter administration (exam is typically given in January)
 Spring administration (exam is typically given in July)

Current Nature and Severity of the Impairment

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

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

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

Limitations Due to the Impairment

- 6. Please provide a personal statement that explains specifically how the diagnosed impairment limits your ability to take the MOCA Cognitive Examination under standard testing conditions.

Assistive Devices and Mitigating Measures

The information provided in response to Section 7 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.

- 7. 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 7a – 7j) No _____ (If no, skip to question #8)

FOR QUESTIONS 7A – 7J: CHECK ‘NONE’ WHEN APPROPRIATE

- 7a. 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 #8.

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

7b. How long have you used these mitigating measure(s) or compensating behavior(s)?

7c. What symptoms and limitations did you experience because of your impairment before using these mitigating measure(s) or compensating behavior(s)? NONE

7d. 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

7e. 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

7f. Do any of these mitigating measure(s) or compensating behavior(s) become less effective over time or under certain conditions? Please Explain. **NONE**

7g. Please explain if you had to change mitigating measure(s) or compensating behavior(s) because previous ones became less effective. **NONE**

7h. 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**

7i. 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?

7j. 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:

8. 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**).

9. 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

10. 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.

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

Yes _____ No _____

Prior Test Accommodation

12. Did you have special accommodation for college tests?

Yes _____ No _____

If yes, what were the test accommodations?

13. 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.

14. 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.

15. 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 (please describe below):		
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. I understand that all requests for nonstandard testing conditions, including any supporting documentation, evaluations, medical records, or expert reports, will become part of, and retained indefinitely in my individual file maintained in the ABA office, and that the ABA reserves the right to utilize these Certification Records in connection with its determination of whether I meet the requirements for entrance into the ABA examination system, or the requirements for certification, recertification or maintenance of certification including the independent practice requirement (see Section 5.09 of the ABA Booklet of Information).

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 _____