

# **THE AMERICAN BOARD OF DERMATOLOGY, INC.**



## **REQUEST FOR TEST ACCOMMODATIONS FOR EXAMINEES WITH DISABILITIES TAKING EXAMINATIONS FOR THE AMERICAN BOARD OF DERMATOLOGY, INC.**

Guidelines and Application

### **How to Request Test Accommodations**

- 1. Read the guidelines carefully
- 2. Complete the *Application for Test Accommodations*
- 3. Be sure to sign the application where indicated.
- 4. If appropriate, have your medical school or institution complete the *Certification of Prior Test Accommodations* form.
- 5. Attach documentation of the disability and your need for accommodation.
- 6. Email your application and documentation to: [abderm@hfhs.org](mailto:abderm@hfhs.org)

**Note:** *Requests for test accommodations must be received on or before the final published application deadline for the examination.*

### **Guidelines for Examinees with Disabilities Requesting Test Accommodations**

The American Board of Dermatology will provide reasonable and appropriate accommodations for examinees with documented disabilities.

Test accommodations are adjustments made in the testing procedures for an individual in an effort to negate or minimize the effect of the disability on the testing process. Reasonable accommodations vary according to the type and degree of disability. Accommodations will be made on an individual basis and depend on the nature and extent of the disability, the documentation provided, and the requirements of the examination. The American Board of Dermatology will provide qualified candidates who have documented disabilities with appropriate auxiliary aids and services that do not fundamentally alter the measurement of the skills or knowledge the examination is intended to test and that would not result in an undue burden to the American Board of Dermatology.

# DOCUMENTATION

Applicants requesting reasonable accommodations because of disabilities must provide appropriate documentation of the disability and specify the extent to which the standard testing procedures need to be modified.

The following documentation should be submitted to support a request for accommodations:

1. A completed **Application for Test Accommodations**.
2. A detailed report from a qualified professional describing the applicant's condition and confirming the nature and severity of the disability. Since the manifestations of a disability may vary over time, the evaluation should be no more than three years old. The report should include:
  - a) a specific diagnosis;
  - b) specific findings in support of the diagnosis (relevant history, tests administered, results and interpretation of those test results);
  - c) a description of the individual's functional limitations due to the stated disabilities;
  - d) specific recommendations for test accommodations including a detailed explanation of why the accommodations are needed;
  - e) name, address, telephone number and qualifications of each professional expert who has provided the necessary documentation.
3. **If no prior accommodations have been provided, the qualified professional expert should include a detailed explanation as to why no accommodations were given in the past and why accommodations are needed now.**
4. If the applicant has received prior test accommodations from a medical school, a *Certification of Documentation for Test Accommodations* must be completed by an appropriate medical school official.

The American Board of Dermatology reserves the right to request further verification, if necessary, of the professional's credentials and expertise relevant to the diagnosis being made. The ABD also reserves the right to require further evaluation of the applicant by a professional of its choice at its expense.

## Learning Disabilities

For those applicants claiming a learning disability, documentation should be provided by a diagnostician with formal training in written and oral language and should consist of:

- relevant psychoeducational testing
- an educational history
- a demonstrated impact on academic functioning

Because learning disabilities are most commonly manifested during childhood, historical information of learning difficulties in elementary, secondary and post-secondary education is usually available, as well as records of previous classroom and/or test accommodations. Therefore, as much historical information as possible, including any previous psychoeducational testing, should be included in the request for accommodation.

The basic test battery should include individually administered measures of cognitive ability, academic achievement and information processing such as the Wechsler Adult Intelligence Scale (WAIS-R), the Woodcock-Johnson Psychoeducational Battery - Revised and the Detroit Tests of Learning Aptitude (DTLA-A). In addition, recognized tests of reading-related processes including comprehension and word attack, as well as measures of language, memory, attention and concentration, and auditory and perceptual functioning should be included to determine if there are any deficits in the information processing systems undergirding the learning process.

## **Timeline for Submitting Documentation**

An applicant must notify the ABD in writing no later than the final published application deadline that he/she has a disability and is requesting test accommodations. To accelerate the review process, applicants are urged to submit their request and supporting documentation as early in the application process as possible.

If there is a need for further verification of the disability or the need for accommodation, it is possible that the decision on granting the accommodation will be delayed until the next scheduled test administration. Applicants having any questions are encouraged to contact the ABD in writing.

## **Test Accommodations**

Test accommodations may include but are not limited to the following:

- ◆ Assistance in completing answers on computer
- ◆ Extended testing time
- ◆ Extra or extended breaks (without extended testing time for the examination)
- ◆ Individual testing room (for those whose disability necessitates separation from all other examinees)
- ◆ Large print examination
- ◆ Printed copy of verbal instructions read by the proctor
- ◆ Reader

Other accommodations will be considered upon request.

## **Cancellation**

If an applicant requesting test accommodations decides not to take the examination, the applicant must notify the ABD two weeks before the test administration to allow time to cancel the arrangements.

## **Reporting**

To the extent that there are authorized requests for information relating to testing information, the ABD will only disclose information about the nature of the testing accommodation.

## **Application for Subsequent Test Accommodations**

If requesting identical accommodations for the same disability for subsequent examinations, the applicant must submit the following:

1. The current examination application, identification forms, and fees, which must be paid in accordance with published deadlines.
2. A letter requesting test accommodations and indicating the previous test administration (include date) for which accommodations have been granted. The letter must be received by the final published application deadline. To facilitate arranging for test accommodations, applicants are urged to submit their letters as early in the application process as possible.

If there is a change in the nature or extent of the disability and/or additional or different accommodations are being requested, documentation for the new request must be submitted according to appropriate deadlines.



9. Prior classroom or test accommodations that you have received:

A. Residency program  Yes  No

If yes, accommodation received \_\_\_\_\_

B. FLEX, USMLE, NBME, or other licensing or qualifying exam  Yes  No

Name \_\_\_\_\_ Month/Year \_\_\_\_\_

Accommodation received \_\_\_\_\_

C. Standardized examinations:  Yes  No

Medical College Admission Test (MCAT) Month/Year \_\_\_\_\_

Accommodation received \_\_\_\_\_

(If extra time, note amount given \_\_\_\_\_ )

Other \_\_\_\_\_ Month/Year \_\_\_\_\_

Accommodation received \_\_\_\_\_

(If extra time, note amount given \_\_\_\_\_ )

D. Medical School  Yes  No

Accommodation received \_\_\_\_\_

Date approved \_\_\_\_\_

**If yes, have an appropriate official at your medical school complete the enclosed certification form.**

E. College  Yes  No

If yes, accommodation received \_\_\_\_\_

10. Certification/Authorization:

I certify that the above information is true and accurate. If test accommodations 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, to the extent possible, 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 American Board of Dermatology to contact the professional(s) who diagnosed the disability and/or those entities which have granted the test accommodations. I authorize such professional(s) and entities to communicate with the American Board of Dermatology in this regard to provide the American Board of Dermatology with such clarification and/or further information.

Signature \_\_\_\_\_ Date \_\_\_\_\_

# The American Board of Dermatology, Inc.

## Certification of Prior Test Accommodations

To be completed by an official responsible for student disability services.

Please type or print.

### Applicant Name:

1. I, \_\_\_\_\_, hold the position of \_\_\_\_\_  
Name Title

2. I certify that \_\_\_\_\_ has officially approved and provided the  
Name of Institution  
following test accommodations for the above-applicant beginning on \_\_\_\_\_  
Date (month/year)

Accommodation(s) provided

Reason for provision of accommodation(s):

Signature \_\_\_\_\_ Date

( ) \_\_\_\_\_  
Telephone Number

Please return to:

ABD Testing Coordinator at:  
[abderm@hfs.org](mailto:abderm@hfs.org)