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.
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 all materials to: communications@abderm.org
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 specific diagnosis;
   - specific findings in support of the diagnosis (relevant history, tests administered, results
     and interpretation of those test results);
   - a description of the individual’s functional limitations due to the stated disabilities;
   - specific recommendations for test accommodations including a detailed explanation of
     why the accommodations are needed;
   - 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.
The American Board of Dermatology, Inc.

Application for Test Accommodations

• This application must be submitted by the final published deadline.
• Applications must be accompanied by documentation certifying the disability from a professional qualified to evaluate the disability.
• Review of a request for test accommodations will be deferred until the necessary documentation is submitted.

Please type or print.

1. Accommodations are requested for the examination in 20___.
   ☐ Taking the entire examination for the first time.
   ☐ Repeating the examination:

2. Name ______________________________________________________________
   First                                       Middle Initial                                                Last

3. Address_____________________________________________________________
   Street Address ______________________________________________________________________________________________
   City                          State/Province                                            Country                              Zip Code
   (____)___________________________________________________________________________________________
   Daytime Telephone Number

4. Date of Birth___________________________

5. Nature of the Disability:
   ☐ Chronic Health Problem               ☐ Temporary Accidental Injury
   ☐ Hearing Disability                   ☐ Visual Disability
   ☐ Learning Disability                  ☐ Other
   ☐ Physical Disability

6. In order to document your need for accommodation as completely as possible, please attach, in addition to professional documentation, a personal statement describing your disability and its impact on your daily life and educational functioning.

7. How long ago was your disability first professionally diagnosed?
   ☐ less than 1 year   ☐ 1-2 years   ☐ 2-4 years   ☐ 5 or more years

8. What accommodation(s) are you requesting? Accommodation(s) must be appropriate to the disability.
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
Certification of Prior Test Accommodations

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

Applicant Name:

1. I, ____________________________, hold the position of ____________________________

2. I certify that ____________________________ has officially approved and provided the following test accommodations for the above-applicant beginning on ____________________________

Accommodation(s) provided:

Reason for provision of accommodation(s):

Signature ____________________________ Date ____________________________

(____) ____________________________

Telephone Number

Please email to: communications@abderm.org