

**The American Board of Ophthalmology (ABO)**  
**REQUEST FOR TEST ACCOMMODATIONS**

All requests and any supporting documentation should be sent to the attention of the Physician Services Coordinator; American Board of Ophthalmology, PO Box 1887, Doylestown, PA 18901 or via email at [info@abop.org](mailto:info@abop.org).

If you have a disability covered under the Americans with Disabilities Act (ADA) and wish to request accommodations, you must make a request each time you apply for an examination. Submitting this form constitutes your official notification and acknowledgement of the following requirements:

- You have reviewed and understand the American Board of Ophthalmology's "[Policy & Procedures for Testing Accommodations for Exam Takers with Disabilities](#)".
- Submission of incomplete, illegible, or unsigned request forms and/or insufficient supporting documentation may delay processing of your request.
- Do not send originals of any documentation. Please retain the originals of all documentation that you submit as we are unable to return submissions. In addition, submitting duplicate and/or bound documentation may delay processing of your request.
- Requests are processed in the order in which they are received. You should allow at least ninety (90) days for processing of your request. The American Board of Ophthalmology will acknowledge receipt of your request and audit your submission for completeness. Requests and supporting documentation may be submitted with the candidate's application up to one (1) year in advance of the exam.
- All official communications regarding your request will be in writing. If you wish to modify or withdraw a request for test accommodations, contact Christine Frieberg by e-mail at [christine@abop.org](mailto:christine@abop.org).

**Section A: Exam Information**

Identify the name and date(s) of the examination(s) for which you are currently registered and requesting test accommodations:

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**Section B: Biographical Information**

**B1. Name:**

\_\_\_\_\_

|      |       |                |
|------|-------|----------------|
| Last | First | Middle Initial |
|------|-------|----------------|

**B2. Gender:**

Male      Female

**B3. Date of Birth:**

\_\_\_\_\_

**B4. Home Address:**

\_\_\_\_\_

Street

\_\_\_\_\_

|      |                |                 |
|------|----------------|-----------------|
| City | State/Province | Zip/Postal Code |
|------|----------------|-----------------|

\_\_\_\_\_

Country

**Telephone Number:**

\_\_\_\_\_

**E-mail address:**

\_\_\_\_\_

Section C: Description of the Requested Accommodations

Describe below, or in a separate statement, the specific accommodation(s) you are requesting. In the examination process. Be as specific as possible. For example, if you are requesting extended testing time, specify the percentage of additional time.

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Section D: Information about the Impairment(s) for Which You Need Accommodations

Check the box that best describes the nature of your impairment(s) for which you are requesting accommodations. Write the year it was first professionally diagnosed. Provide details in the separate personal statement.

|                                   |  | <b>Year First Diagnosed</b> |
|-----------------------------------|--|-----------------------------|
| <b>Sensory</b>                    | Hearing                                  | _____                       |
|                                   | Vision                                   | _____                       |
|                                   | Other (specify): _____                   | _____                       |
| <b>Learning</b>                   | Reading                                  | _____                       |
|                                   | Writing                                  | _____                       |
|                                   | Mathematics                              | _____                       |
|                                   | Other (specify): _____                   | _____                       |
| <b>Language</b>                   | Expressive                               | _____                       |
|                                   | Receptive                                | _____                       |
|                                   | Other (specify): _____                   | _____                       |
| <b>Physical</b>                   | Mobility/motor                           | _____                       |
|                                   | Endocrine                                | _____                       |
|                                   | Neurological                             | _____                       |
|                                   | Other (specify): _____                   | _____                       |
| <b>Psychiatric</b>                | Anxiety Disorder                         | _____                       |
|                                   | Depression/Mood Disorder                 | _____                       |
|                                   | Attention Deficit/Hyperactivity Disorder | _____                       |
|                                   | Other (specify): _____                   | _____                       |
| <b>Other Impairment (specify)</b> | _____                                    |                             |

D2. Personal Statement

Attach a signed and dated personal statement describing your impairments(s) and their impact on daily life. Narratives should include but need not be confined to standardized test performance. The personal statement is your opportunity to tell the ABO how your physical or mental impairment(s) substantially limit your current functioning in one or more a major life activities. In your own words, discuss how your impairment(s) would interfere with your ability to demonstrate your abilities on the relevant exam and how the specific accommodation(s) you are requesting will alleviate this impact.

Section E: Accommodation History

**STANDARDIZED EXAMINATIONS**

E1. List accommodations you received for all standardized examinations, such as college, graduate and professional school admissions tests and professional licensure and certification examinations. If no accommodations were provided, write "NONE."

Attach copies of official documentation from each testing agency confirming the test accommodations they provided as well as a copy of your official score report(s).

|          | <b>DATE(S) ADMINISTERED</b> | <b>ACCOMMODATION(S) PROVIDED</b> |
|----------|-----------------------------|----------------------------------|
| SAT      | _____                       | _____                            |
| ACT      | _____                       | _____                            |
| MCAT     | _____                       | _____                            |
| USMLE    | _____                       | _____                            |
| NBME     | _____                       | _____                            |
| FLEX     | _____                       | _____                            |
| STEP 1   | _____                       | _____                            |
| STEP 2   | _____                       | _____                            |
| STEP 3   | _____                       | _____                            |
| Other(s) | _____                       | _____                            |

**POSTSECONDARY EDUCATION**

E2. If you have received formal accommodations during your post-secondary education, identify the school, the formal accommodations you received, and the dates accommodations were provided: You should include with the supplemental information any records available to you documenting the accommodations provided.

|                      | <b>DATE(S) PROVIDED</b> | <b>ACCOMMODATION(S) PROVIDED</b> |
|----------------------|-------------------------|----------------------------------|
| Fellowship           | _____                   | _____                            |
| Residency            | _____                   | _____                            |
| Medical School       | _____                   | _____                            |
| Undergraduate School | _____                   | _____                            |
| Other                | _____                   | _____                            |

**PRIMARY AND SECONDARY SCHOOL**

E4. If you have received formal accommodations during primary and secondary school, identify the school, the formal accommodations you received, and the dates accommodations were provided: You should include with the supplemental information any records available to you documenting the accommodations provided.

|                   | <b>DATE(S) PROVIDED</b> | <b>ACCOMMODATION(S) PROVIDED</b> |
|-------------------|-------------------------|----------------------------------|
| High School       | _____                   | _____                            |
| Middle School     | _____                   | _____                            |
| Elementary School | _____                   | _____                            |

Section F: Supporting Documentation

In order to document your need for accommodation you must submit supporting documentation. Failure to provide appropriate documentation in a timely manner may result in a denial of your request. Supporting documentation may include, but is not limited to: a description of the functional limitations due to the disability; history of diagnosis; results of psycho-educational or other professional evaluations; history of any previous settings in which accommodations have been granted (e.g., prior standardized tests); documentation of past modifications, accommodations, or auxiliary aids or services received in similar testing situations; documentation of accommodations provided in any other education program.

Any reports from professionals qualified to evaluate the disability and related need for accommodation should be typewritten on letterhead (including address, telephone number, and credentials of the professional) and signed by the professional. Any such reports must include the date and location of any evaluation(s) and describe the documents and information relied upon in conducting the evaluation and in preparing the report.

Section G: Certification and Authorization

I understand and agree to the following:

1. To the best of my knowledge and belief, the information recorded on this request form is true and accurate. I understand that if ABO determines that false information or false statements have been presented on this request form or in connection with my request for test accommodations, ABO has the right to deny the request and to take other actions consistent with its policies.
2. I authorize the ABO to contact the entities identified in this request form and the professionals identified in the documentation I am submitting in connection with it, to obtain further information. I authorize such entities and professionals to provide the ABO with all requested further information and agree to exercise any authorizations or releases that may be needed. I specifically waive any physician-patient privilege and rights under HIPAA or any state laws, and any rights under FERPA or other laws protecting student records.
3. I acknowledge and agree that any information submitted by me or on my behalf may be used by ABO to evaluate my eligibility for accommodations. When appropriate, my information may be disclosed to qualified independent reviewers for this purpose. I agreed to hold harmless and release ABO for any actions taken in reasonable reliance on the information provided by me or others.
4. I understand that my request for accommodations, including this form and all supporting documentation, must be received by ABO within the deadlines specified in the Policy and sufficiently in advance of my anticipated test date in order to provide adequate time to evaluate and process my request. I also understand that it is my obligation, not ABO's obligation, to ensure that the necessary information is obtained and received by ABO on time.

Name (print): \_\_\_\_\_

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