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| THE AMERICAN BOARD OF ANESTHESIOLOGY  [accommodations@theABA.org](mailto:accommodations@theABA.org) | [www.theABA.org](http://www.theABA.org) |
| **Request for Accommodation on an ABA Assessment** |
| **Please read the following instructions in entirety before completing this form**  The ABA supports the intent of the *Americans with Disabilities Act (ADA)* to accommodate individuals with disabilities who demonstrate a need for reasonable accommodation.  Individuals who are seeking accommodation on an ABA Assessment must complete and submit the following form no later than the nonstandard request deadline published on the ABA’s [website](http://www.theaba.org). Section 8.0 of the *Policy Book* explains the Board’s process for considering requests for assessment accommodation due to a disability.  The ABA only reviews and responds to one assessment accommodation request at a time. Individuals seeking accommodation on more than one assessment must submit the applicable request form for each assessment. **Requests for accommodation on the APPLIED or Part 2 Examination should only be submitted after the candidate has passed the ADVANCED or Part 1 Examination. We will not consider a request for accommodation on the APPLIED or Part 2 Examination if the individual has not first satisfied the ADVANCED or Part 1 Examination requirement.**  The ABA must receive documentation of the nature and severity of your disability, and its impact on your ability to take the assessment under standard conditions.  **Individuals requesting accommodation should read the ABA’s “Guidelines for Requesting Assessment Accommodation”.** These guidelines are provided for examinees, evaluators, faculty and others who may be involved in the process of documenting your request for assessment accommodation. You are encouraged to share these guidelines with your evaluator, therapist, or treating physician, so that the appropriate documentation can be submitted to support your request for accommodation. Please [click here](https://nam05.safelinks.protection.outlook.com/?url=http%3A%2F%2Fwww.theaba.org%2FPDFs%2FNonstandard-Exam-Requests%2FABA_Guidelines_for_Requesting_Test_Accommodation&data=02%7C01%7Clinda.parrish%40theABA.org%7C70a28eae093d4a72970108d74ce4c249%7C0d062c0669264c78b0d762bcec15f853%7C0%7C0%7C637062417715287271&sdata=t3cbJ%2FlmphMbgkty6rF%2BgKMlS4wPRuis8GKWtTiw5Ds%3D&reserved=0) for the guidelines document.  All requests for accommodation must be reviewed, adjudicated and agreed upon in advance of the ABA assessment; **therefore, early submission of the required documentation is highly encouraged.** The ABA will consider your request for accommodation **only** if it receives the required form and documentation by the applicable deadlines. |

ABA ID #

1. Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last First Middle Initial

**Assessment for which accommodation is being requested**

1. Assessment Date (month/year)
2. Assessment Type **(Please only circle one exam. If you wish to request accommodation on more than one exam, you must submit a new form for each exam):**

In-Training Exam

BASIC Exam

ADVANCED Exam

APPLIED Exam: SOE Component

APPLIED Exam: OSCE Component

Part 1 Exam

Part 2 Exam

MOCA Minute

Critical Care Medicine Exam

Critical Care Medicine Recertification Exam

Pain Medicine Exam

Pain Medicine Recertification Exam

Pediatric Anesthesiology Exam

Hospice & Palliative Medicine Exam

Sleep Medicine Exam

Neuro-Critical Care Exam

**Current Nature and Severity of the Impairment**

1. Please provide a specific diagnosis of the impairment to be accommodated. (General descriptions such as ‘learning problems’ or ‘processing deficit’ are not adequate.)
2. What is the date the condition first was diagnosed? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. What is the most recent date the condition was evaluated? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Limitations Due to the Impairment**

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

**Assistive Devices and Mitigating Measures**

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| **PLEASE NOTE:**   * 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 accommodation(s) you have requested. 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. * Documentation of your disability **MUST** include the results of the tests performed when you are utilizing mitigating measures, e.g., medication, assistive device or prosthetic, or compensating behavior that are available to control or correct the symptoms or limitations of your disability. |

1. 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)

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? Please explain.

Yes (Answer questions 8a-8j) No (Continue to question 9)

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)?

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?

8e. Identify what symptoms, limitations or complications from your impairment that are unaffected or uncontrolled by the mitigating measure(s) or compensating behavior(s).

Please explain if any of these unaffected or uncontrolled symptoms, limitations or complications limit your ability to perform any major life activity.

8f. Do any of these mitigating measure(s) or compensating behavior(s) become less effective over time or under certain conditions? Please Explain.

8g. Please explain if you had to change mitigating measure(s) or compensating behavior(s) because previous ones became less effective.

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)?

Please explain if any of these side effects or complications limit your ability to perform a major life activity.

8i. Will you use any mitigating measure(s) or compensating behavior(s) when you take the assessment 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:**

1. 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 exam accommodations**).

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

Yes No

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

**Assessment Accommodation Requested**

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

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

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

Yes No

**Prior Accommodations**

1. Did you have special accommodation for college exams?

Yes No

If yes, what were the exam accommodations?

1. Did you have special accommodation for medical school exams?

Yes No

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

1. Did you have special accommodation for exams given by the anesthesiology residency program?

Yes No

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

1. 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 accommodation(s) granted to me include a deviation from the standard assessment time schedule, I agree that, from the time I begin the assessment until I have completed it, I will not communicate in any way with any other individuals taking the assessment and I will not communicate in any way with any such individuals about the content of the assessment.

**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 accommodation. I authorize such specialists and entities to communicate with the ABA in this regard to provide the 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 Assessment 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 accommodation, provided such contact was made or conducted in good faith.

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