

## **American Board of Foot and Ankle Surgery Requests for Test Accommodation(s)**

The American Board of Foot and Ankle Surgery (ABFAS) provides reasonable and appropriate accommodations for individuals with documented disabilities who demonstrate a need for accommodation in accordance with the Americans with Disabilities Act (ADA).

Applicants requesting test accommodations should share these guidelines with their evaluator, therapist, treating physician, etc., so that appropriate documentation can be assembled to support the request. It is essential that the documentation provide a clear explanation of the functional impairment and a rationale for the requested accommodation.

While the use of accommodations in the taking of an examination should enable the individual to better demonstrate his/her knowledge and mastery of the matters being tested, accommodations are not a guarantee of improved performance, test completion, or a passing score.

### **How to Submit a Request for Accommodations:**

If you have a disability covered under the Americans with Disabilities Act (ADA) and require test accommodations, you must **notify ABFAS in writing** each time you apply to take an ABFAS examination for which you are requesting an accommodation.

### **New Requests:**

Submit a completed questionnaire and accompanying documentation to ABFAS **prior to registering for your examination online.**

**If prior accommodations have not been provided, the qualified professional should include a detailed explanation as to why accommodations were not given in the past and why accommodations are needed now.**

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

- 1. Read the Guidelines carefully.**  
Share them with the professional who will be preparing your documentation.
- 2. Complete the Questionnaire for ABFAS Examination Candidates Requesting Test Accommodations.** Be sure to sign the questionnaire where indicated.
- 3. If appropriate, have the Podiatric Medical College you attended complete the Certification of Prior Test Accommodations form.**

- 4. Attach documentation of the disability and your need for accommodation.**  
Be sure the documentation is complete. Incomplete documentation will delay processing of your request.
  
- 5. Send your request for test accommodation(s) and supporting documentation by postal mail, fax, or email. Be sure to sign a hard copy of the form before sending to ABFAS.**

**American Board of Foot and Ankle Surgery**  
**Attn: Examinations Department**  
**445 Fillmore Street**  
**San Francisco, CA 94117-3404**  
**Fax: 415-553-7801**  
**Email: [ExamAccommodations@abfas.org](mailto:ExamAccommodations@abfas.org)**

## **Guidelines for Documenting the Need for Accommodations**

The following guidelines are provided to assist the applicant in documenting a need for accommodation under the Americans with Disabilities Act (ADA).

The request must be from the individual requesting the accommodation--requests by a third party, such as an evaluator, will not be honored unless the disability is such as to prevent the individual from personally initiating the written request.

**To support a request for testing accommodation, the individual must provide documentation which is sufficiently comprehensive to support the request for accommodation. The individual should submit:**

- 1.** A completed **questionnaire**.
- 2.** A detailed, comprehensive, written report describing the disability and functional limitation(s) and the need for the requested accommodation(s). The report should include appropriate supporting documentation. While each application will be considered on its individual merits, the supporting documentation should contain sufficient information to allow a determination to be made that the individual has a disability as defined by the ADA and to assess an appropriate accommodation. Generally, the documentation should address the following:
  - A specific diagnosis of the disability;
  - Be sufficiently current to support the request for accommodation;
  - Describe the specific diagnostic criteria and name the diagnostic tests used, including date(s) of evaluation for specific test results and a detailed interpretation of the test results;
  - Describe in detail the individual's limitation(s) due to the diagnosed disability;
  - Describe in detail any mitigating measures, mediations, or treatments affecting the disability;
  - Recommend specific accommodations and/or assistive devices including a detailed explanation of why these accommodation(s) or devices are needed and how they will reduce the impact of the identified functional limitation(s) (e.g., a learning disabled individual who has difficulty decoding might require the examination in oral format);
  - Establish the professional credentials of the evaluator that qualify him/her to make the particular diagnosis and recommendations, including information about relevant licenses, certifications, and specializations in the area of the diagnosis.

**If no prior accommodations have been provided, the qualified professional should include a detailed explanation as to why accommodations were not given in the past and why accommodations are now needed.**

**American Board of Foot and Ankle Surgery**

**Questionnaire for ABFAS Examination Candidates  
Requesting Test Accommodations**

1. **Name:** \_\_\_\_\_  
Last First Middle Initial
2. **Gender:** \_\_\_\_ Male \_\_\_\_ Female
3. **Date of Birth** (Month/Day/Year): \_\_\_\_\_
4. **Address:** \_\_\_\_\_  
Street  
\_\_\_\_\_  
City State/Province Zip/Postal Code  
\_\_\_\_\_  
Evening Telephone Number Email Address
6. **Podiatric Medical College Attended:** \_\_\_\_\_
7. **Nature of Disability:**  
\_\_\_\_ **Hearing Disability**                      \_\_\_\_ **Psychiatric Disability**  
\_\_\_\_ **Learning Disability**                      \_\_\_\_ **Visual Disability**  
\_\_\_\_ **Physical Disability**                      \_\_\_\_ **Other (Please list):** \_\_\_\_\_
8. 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.
9. When was your disability first professionally diagnosed? \_\_\_\_\_
10. What accommodation(s) are you requesting? Accommodation(s) must be appropriate to the disability.  
\_\_\_\_\_

11. Prior classroom or test accommodation(s) that you have received:

A. National Boards (Part I, Part II, PM-Lexis)

Month/Year: \_\_\_\_\_

Accommodation(s) received: \_\_\_\_\_

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

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

**(Note: please have the appropriate official complete the enclosed certification form.)**

B. **Podiatric Medical College:** \_\_\_\_\_

\_\_\_\_\_ Yes      \_\_\_\_\_ No

If yes, accommodations received: \_\_\_\_\_

C. **Other College:** \_\_\_\_\_

\_\_\_\_\_ Yes      \_\_\_\_\_ No

If yes, accommodations received: \_\_\_\_\_

12. **Authorization:**

If clarification or further information regarding the documentation provided is needed, I authorize ABFAS to contact the professional(s) who diagnosed the disability and/or those entities which have provided me test accommodations. I authorize such professional(s) and entities to communicate with ABFAS in this regard to provide ABFAS with such clarification and/or further information.

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

\_\_\_\_\_  
Approved by Executive Director, ABFAS Date: \_\_\_\_\_

**American Board of Foot and Ankle Surgery**  
**Certification of Prior Test Accommodations**

*To be completed by a podiatric medical college official responsible for student disability services.*

**Applicant Name:** \_\_\_\_\_  
Last First Middle Initial

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

2. I certify that \_\_\_\_\_ has officially \_\_\_\_\_  
College

approved and provided the following test accommodations for the above applicant beginning on:

Date (Month/Year): \_\_\_\_\_

**Accommodation(s) provided:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Reason for providing accommodation(s):** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

**Daytime Telephone Number:** (\_\_\_\_\_) \_\_\_\_\_