

American Board of Foot and Ankle Surgery Requests for Subsequent 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).

How to Submit a Request Subsequent Test 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.

Subsequent requests for test accommodations:

If you received test accommodations for a previous ABFAS examination and would like the identical accommodations, please complete the **Form for Requesting Subsequent Test Accommodations** at the same time you register for your examination online.

If you are requesting an accommodation that is different from any previous accommodations, you must complete new **Request for Test Accommodations** forms, which can be found [here](#).

How to Request Subsequent Test Accommodations:

- 1.** Complete the **Form for Requesting Subsequent Test Accommodations**. Be sure to sign the questionnaire where indicated.
- 2.** Send your request for subsequent test accommodation(s) 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

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Form for Requesting Subsequent Test Accommodations

I have received test accommodations for a prior ABFAS certification or board qualified examination as noted below.

Name: _____
Last First Middle Initial

Examination: _____

Is there any change in the nature or extent of your disability or functional limitation since your last ABFAS Certification or Board Qualified Examination?

Yes No

If yes, please describe (use additional sheets if necessary):

Daytime Telephone Number: (_____) _____

Approved by (ABFAS Representative) Date