## 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 and/or you renew your Foot Surgery certification (each 10-year certification cycle).

### Subsequent requests for test accommodations:

If you received test accommodations for a previous ABFAS examination/assessment 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 or 30 days prior to the start of a LEAD assessment quarter.

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 <u>here</u>.

#### 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

## American Board of Foot and Ankle Surgery

# Form for Requesting Subsequent Test Accommodations

I have received test accommodations for a prior ABFAS certification, board qualified examination, or LEAD assessment as noted below.			
Name:	 Last	First	Middle Initial
Examina Assessm	-		
		he nature or extent of your disability or functional limitation since you alified Examination, or LEAD assessment?	ır last ABFAS
Ye	esl	No	
lf yes, pl	ease describe (u	use additional sheets if necessary):	
Daytime	Telephone Num	nber: ()	