THE AMERICAN BOARD OF PATHOLOGY
EXAMINATION ACCOMMODATIONS REQUEST FORM

Deadline Dates

Spring Primary Examinations – December 15

Subspecialty Examinations – April 15

Fall Primary Examinations – April 15

Submit via mail the completed and signed form, with documentation to:

American Board of Pathology, 4830 W. Kennedy Blvd. Ste. 690, Tampa, FL 33609 Attn: Mary

SECTION I – APPLICANT INFORMATION

Name: Last	First	Middle	
Mailing Address:	Street		
	City	State	Zip Code
Date of Birth: / /	**E-Mail Address:**		

SECTION II – INFORMATION ABOUT YOUR DISABILITY AND REQUESTED ACCOMMODATIONS

Describe the nature of your disability. (Provide the specific diagnosis rendered by a healthcare professional.)
When was your disability first diagnosed?
How does your disability affect your daily life?
How does your disability affect your ability to take the examination?
Describe and document any accommodations you have received in the past for academic or licensure examinations and, in particular, the USMLE examinations and specifically on the USMLE examinations?
What accommodation(s) are you requesting in the administration of the exam? ☐ Additional Time – Double Time ☐ LARGE Font Size ☐ Alternative Method of Recording Answers to Test Questions ☐ Audio Version of Examination ☐ Separate Room ☐ Other _____

SECTION III – DOCUMENTATION REQUIREMENTS

If you have received accommodation in the administration of the USMLE examinations, you must submit:

- Completed request form
- Documentation of accommodation received by USMLE

Otherwise, you must submit a comprehensive and current report from a healthcare professional qualified for evaluating your disability completed within the past 5 years with this request form. The report must include the following:

- Name, title, credentials and area of specialization of the professional making the diagnosis and accommodation recommendation
- A diagnosis of the disability pursuant to the Diagnostic and Statistical Manual of Mental Disorders (DSM IV: revised) or other applicable and recognized professional standard with copies of all evaluations and reported scores from professionally recognized diagnostic tests, where applicable.
- Recommendation for specific accommodations
- Rationale for requesting specific accommodations (i.e., how the accommodation addresses the possible confounding effects of your disability on examination results)

SECTION IV – CANDIDATE AFFIRMATION

My signature on this form affirms that the information I have provided on this request is true and accurate. I have truthfully represented my disability and the impact it has on my daily life and computerized examinations.

SECTION V – AUTHORIZATION FOR RELEASE OF INFORMATION

If clarification of further information regarding the documentation provided is needed, I authorize the ABPath to contact the professional(s) who diagnosed the disability and/or those entities who have provided me test accommodations. I authorize such professional(s) and entities to communicate with the ABPath in this regard to provide the ABPath with such clarification and/or further information. I also authorize the ABPath to disclose the submitted documentation to an authorized ABPath healthcare professional consultant solely for the purpose of evaluating my request for an accommodation.

SIGNATURE:	**DATE:**
X	