Application for ADA Exam Accommodations

Purpose of this Form

This form must be completed by individuals requesting special accommodations for exam administration under the Americans with Disabilities Act (ADA). Before completing this form, please review the supporting information on our website: https://www.theabr.org/accommodations-for-people-with-disabilities.

Forms must be submitted by the published deadline (see timelines on above webpage) and include supporting documentation as described. You must submit a new request for each exam for which you wish to have accommodations.

Contact Information

First Name *

Last Name *

ABR ID: 5-digit number (PXXXX for physicists) found on your certificate or any correspondence from the ABR

Date of Birth *

Month Day Year

Email Address *

Phone Number *

For which exam are you applying for accommodations?

ABR Discipline: *

- ◯ Diagnostic Radiology
- ◯ Interventional Radiology
- ◯ Radiation Oncology
- ◯ Medical Physics
- ◯ Initial Subspecialty

Exam for which you are requesting accommodations: *

- ◯ OLA
- ◯ Core Exam
- ◯ Certifying Exam
- ◯ Maintenance of Certification

Exam for which you are requesting accommodations: *

- ◯ OLA
- ◯ Initial Qualifying (Physics, Biology, and/or Clinical)
- ◯ Certifying (Oral) Exam
- ◯ Maintenance of Certification

Exam for which you are requesting accommodations: *

- ◯ OLA
- ◯ Initial Qualifying (Part 1 and/or Part 2)
- ◯ Certifying (Oral) Exam
- ◯ Maintenance of Certification

Exam for which you are requesting accommodations: *

- ◯ Neuroradiology
- ◯ Hospice & Palliative Medicine
- ◯ Nuclear Radiology
- ◯ Pain Medicine
- ◯ Pediatric Radiology

What type of accommodation are you requesting?

- ◯ ADA
- ◯ Military Related

ADA Special Provision:

- ◯ Hearing
- ◯ Visual
- ◯ Learning
- ◯ Physical
- ◯ Chronic Health Problem
- ◯ Temporary injury
- ◯ [ ]

What accommodation are you requesting? (i.e., additional time, special equipment, etc.) *

Have you previously requested accommodations for an ABR exam? *

- ◯ Yes
- ◯ No

If yes, please specify the details of that accommodation request. *

What accommodation are you requesting? (i.e., additional time, special equipment, etc.) *

Have you previously requested accommodations for an ABR exam? *

- ◯ Yes
- ◯ No

If yes, please specify the details of that accommodation request. *

Prior accommodations received

Have you previously received accommodations for any other exam (i.e., NBME, FLEX, USMLE)? *

- ◯ Yes
- ◯ No

For which exam? (If multiple, enter most recent date)

☐ Physician Licensure Exam (e.g., NBME, FLEX, USMLE)

Date

Month Day Year

☐ Medical College Admissions Test

Date

Month Day Year

☐ Other

Date

Month Day Year

Have you previously received educational accommodations (i.e., residency training, medical

school, SAT)? *

- ◯ Yes
- ◯ No

For what training?

- ☐ Residency training
- ☐ Medical School
- ☐ _____

Briefly describe the accommodation(s) you received *

OLA ADA Request

*** For OLA ADA Request, you can only request additional time. You must submit supporting documentation for your request to be reviewed.**

What accommodation are you requesting? *

By clicking "Submit", I acknowledge and agree that I bind and legally obligate myself to the same extent as I would by signing my name on a printed version of this form.

Signed: (please type your full name) *

For questions or concerns please contact: . information@theabr.org. Please allow up to two weeks for processing of your request. If you do not hear from us within that time, please email information@theabr.org or call (520) 790-2900.

Submit

- ☐
- ☐
- ☐