

## Nursing and Expectant Mother Exam Accommodations Request

### Purpose of this Form

This form must be completed by candidates requesting nursing mother accommodations for an ABR exam. Please submit a new request for each exam for which you wish to have accommodations. Please submit your request by the published deadline on the [Accommodations for Nursing and Expectant Mothers](#) page on the website.

### Contact Information:

#### Name \*

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
First Name	Middle Name	Last Name	Suffix

**ABR ID: Five-digit number (PXXXX for physicists) found on your certificate or any ABR correspondence.**

#### Date of Birth \*

<input type="text"/>	<input type="text"/>	<input type="text"/>	
Month	Day	Year	

#### Email Address \*

example@example.com

#### Phone Number \*

Phone Number

Area Code

For which exam are you applying for accommodations?

**ABR Discipline \***

- Diagnostic Radiology
- Interventional Radiology
- Medical Physics
- Radiation Oncology
- DR or IR/DR Subspecialty

**Select Exam \***

- Core
- Certifying

**Select Exam \***

- Initial Qualifying (Physics, Biology, and/or Clinical)
- Certifying Exam (oral)

**Select Exam \***

- Initial Qualifying (Part 1 or Part 2)
- Certifying Exam (oral)

**Select Exam \***

- Neuroradiology
- Nuclear Radiology
- Pediatric Radiology

Accommodations Details:

**Please let us know how we can help make your exam experience more comfortable. \***

Click "Submit" to complete your request.

An ABR staff member will contact you soon with the next steps for confirming your accommodations request.

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](mailto:information@theabr.org) or call (520) 790-2900.

Submit

SAMPLE: DO NOT USE