

Special Testing Accommodations for Candidates with Disabilities

A candidate with a documented disability (physical or mental) that substantially limits one or more major life activities (visual, orthopedic, speech, hearing, specific learning disability or psychological or mental disorder), who needs modification to the usual testing conditions may request special arrangements to take the ABO and/or NCLE exams.

This form MUST be submitted to document that the candidate's disability and any history of testing accommodations. The professional providing documentation MUST be licensed and/or have credentials appropriate to diagnose and treat the candidate's disability, and have diagnosed such within the last five years. Professionals signing this document may be contacted by ABO-NCLE for clarification of any information provided. The candidate's signature acknowledges this and authorizes the ABO-NCLE to contact such persons for additional information if needed.

Candidate Information:

Name: _____ Last 4 digits of SS# _____
Please print

Address: _____

Exam Name, Test Date and Location: _____

Disability Status

deaf blind hearing impaired visually impaired learning disability
 psychological behavior disability orthopedic/physical disability

I, the candidate, certify that all of the information on this form is true and accurate.

Signature required

Date

Return this completed form to ABO-NCLE, 6506 Loisdale Rd. #330, Springfield, VA 22150. Or fax to 703-719-9144 at the same time that you register for the exam(s).

License/Qualified Professional Information:

Name: _____ Title: _____

Address: _____

Daytime Phone () _____

Diagnosis/Treatment Information:

Diagnosis: If a specific learning disability, learning related or psychological disability please provide identification of the DSM-III or DSM-IV diagnosis

Which of the following accommodations are requested:

Virtual-computer based exams are given for all exams. Based on that information, which of the following accommodations are recommended:

__ separate room __ reader __ extended time (one extra hour is allowed)

I certify that the information provided by me on this form is true and correct to the best of my knowledge.

Print Name

Signature

State License/Certification Number

Date