Qualifications for
Test Accommodations
for
Applicants with Disabilities
General Information

The Board recognizes that physicians with disabilities may wish to take the certifying examinations and it will attempt to make accommodations for applicants with verified disabilities. The Board supports the intent of the Americans with Disabilities Act (ADA) and amendments thereto. The Board will provide reasonable accommodations during testing to provide equal opportunity for persons with disabilities. Applicants are reminded, however, that the Board will not offer an auxiliary aid, if doing so “would fundamentally alter the measurement of the skills or knowledge the examination is intended to test or would result in an undue burden.” (Americans with Disabilities Act, Public Law 101-336 §309 [b][3]; see 28C.F.R. §36.309(b)(3)). To this extent, the Board will provide reasonable accommodations during testing to provide equal opportunity for persons with disabilities. Documentation requesting reasonable accommodations must identify the nature of the disability, the major life activities affected by the disability, and provide a rationale for the need for the specific requested accommodations to standard testing procedures.

Applicants who request accommodations because of a disability must advise the Board in writing no later than the deadline for submitting applications for examination. All documentation and other evidence substantiating the disability must be submitted to the Board no later than 30 days after the deadline for filing an application for examination. Required documentation includes completion of the Application for Testing Accommodations and appropriate checklists contained herein.

Applicants for examinations or reexaminations requesting accommodations must check the box provided on the application or billing statement, or the on-screen Testing Accommodations box when applying online, and comply with all requirements regardless of previous requests and/or granted accommodations. Documentation substantiating the disability and a completed Application for Testing Accommodations will be required no later than 30 days after the fee due date on the billing statement in order to be considered for accommodations to standard testing procedures.

If the Board deems it necessary, an independent assessment may be requested at the expense of the Board. Documentation and other evidence substantiating the disability includes, but is not limited to, each of the following:

• A letter and/or report by a qualified professional who has made an individualized assessment of the applicant diagnosing the applicant’s disability and identifying one or more major life activities that the disability substantially limits, including, but not limited to, hearing, seeing, breathing, performing manual tasks, caring for oneself, and/or learning (reading and writing). The diagnosis must be printed on the qualified professional’s letterhead, with the qualified professional’s credentials, address, and telephone number. The diagnosis must include the candidate’s name, date of birth, and date of evaluation, and it must be signed by the qualified professional.

• A history of the disability, including previous settings in which accommodations have been granted. If there is no history of prior accommodations, the examiner must explain why current circumstances necessitate accommodations.

• Diagnostic information about the specified disability using standard nomenclature from sources such as the International Classification of Diseases (ICD) and the APA Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5).

• Specific recommended accommodations with a rationale for why each accommodation is needed. A description of any functional limitations associated with the disability is helpful to the Board’s evaluation of the request.
Review of Documentation

A letter detailing the specific accommodations requested because of a disability must be submitted for each examination and/or reexamination. Documentation should be marked "ADA Materials" and mailed to the attention of the President and CEO at the Board office.

Each application is reviewed carefully before accommodations are provided. If the Board does not find appropriate and sufficient evidence to grant accommodations, the applicant will be informed and be given a reasonable opportunity to supplement their request with additional information.

Any applicant who is denied accommodations may appeal this decision by submitting the following materials to the attention of the President and CEO at the Board office:

• A written request for a formal appeal of the denial of accommodations
• The applicable appeal fee
• Additional written information in support of the appeal

The appeal materials must be sent together in a single mailing that is postmarked within 30 days of the date indicated on the letter of denial of accommodations. The appeal materials will be sent to the respective Appeals Committee, which will review the materials, deliberate, and make a determination. In all events, the Appeals Committee's determination is final and binding on both the Board and the applicant.

Examination Format and Testing Accommodations

The American Board of Psychiatry and Neurology, Inc. administers examinations with a computer-administered, multiple-choice examination format. The test accommodations may include, but are not limited, to the following:

For all computer-based specialty certification examinations (including psychiatry, neurology, child neurology, and child and adolescent psychiatry) and all recognized subspecialty examinations (including initial certification and maintenance of certification):

• Extended testing time
• Braille or large print examination
• Separate examination room
• Qualified reader
• Use of assistive devices
Requirements for Applicants with LEARNING DISABILITIES

Documentation submitted to the Board should include the following:

• A psychoeducational evaluation of the applicant as an adult prepared by a certified psychologist or learning disabilities specialist who has made an individualized assessment of the applicant.

• A complete cognitive assessment using the Wechsler Adult Intelligence Scale-III, the Kaufman Adolescent and Adult Intelligence Test, the Woodcock-Johnson Cognitive Battery-Revised, as well as other formal tests that measure information processing and achievement. The test instruments must be statistically valid, reliable, and standardized for adult population. Test performance must be reported in standard scores or percentiles.

• A comprehensive achievement battery in relevant areas such as reading, written language, and mathematics. Informal methods of assessment and analysis that are useful include direct observation, error analysis, and diagnostic teaching.

• Evaluation of information processing skills which include, but are not limited to, short- and long-term memory, auditory processing, motor skills, executive functioning, and phonological awareness skills. Typical instruments include, but are not limited to, Woodcock-Johnson Psycho-Educational Battery-Revised: Tests of Cognitive Abilities, the Detroit Tests of Learning Aptitudes-Adult, and the Wechsler Memory Scales-Revised.

• A history of the candidate’s educational performance documenting the nature of school difficulties. Information about learning difficulties in elementary, secondary, and postsecondary settings, as well as documentation of prior diagnosis, accommodations, or classification should be included. The Board recognizes that diagnostic practices vary considerably and prefers to base decisions on as much information as possible. The evaluation must provide evidence of cognitive, information processing, and achievement deficits that relate to the requested test accommodations.

Requirements for Applicants with ATTENTION-DEFICIT/HYPERACTIVITY DISORDER

Documentation submitted to the Board should include the following:

• The diagnostic evaluation process should be multidimensional and involve one or more certified professionals who has made an individualized assessment of the applicant (physician, psychologist, neuropsychologist, learning specialist) in order to include historical, observational, medical, neuropsychological, and educational testing information.

• In most cases, the report should be done within three years of the candidate’s request for accommodations. A description of current functional limitations relative to the requested accommodations must be included.

• A differential diagnosis should be discussed in the report.

• Each test must be listed and results must be reported using standard scores or percentiles.

• Based upon the particular disabilities of the candidate, the report must delineate recommendations with a rationale for treatment (medication and/or behavior modification) and academic accommodations backed up by a rationale for why specified test accommodations are needed.

• Documentation of prior diagnosis, accommodations, or classification should be included. The Board recognizes that diagnostic practices vary considerably and prefers to base decisions on as much available information as possible.
Application for Testing Accommodations

Indicate ADA Materials on the envelope and return completed applications, checklists and attachments to:

President and CEO
American Board of Psychiatry and Neurology, Inc.
2150 E. Lake Cook Road, Suite 900
Buffalo Grove, IL 60089

1. Accommodations are requested for the following examination (check one):
   Initial Certification -- Specialty:
   _____ Psychiatry
   _____ Neurology
   _____ Child Neurology

   _____ Subspecialty Certification (specify subspecialty): _________________________________________________

   _____ Maintenance of Certification (specify specialty or subspecialty): ________________________________

2. Name
   First Name ___________________________________   Last Name _____________________________________
   Title (MD, DO, etc.) ___________________________

3. Contact Information
   Address ________________________________________   City __________________   State _____   Zip ______
   Email _________________________________________   Telephone _____________   Fax ________________

4. Social security number: ___________________________

5. Date of birth: _________________________________

6. Nature of disability (complete and return checklists A and/or B, and/or C as specified below):

   _____ Attention-Deficit/Hyperactivity (A & C)       _____ Psychiatric (A)
   _____ Hearing (A)                                  _____ Visual (A)
   _____ Learning (A & B)                             _____ Other (A) please specify: ____________________
   _____ Physical (A)

7. In order to document your need for accommodation as completely as possible, in addition to the professional
documentation indicated in the checklists, please write a personal statement describing your disability and its
impact on your daily life and professional practice.

8. How long ago was your disability first professionally diagnosed?

   _____ Less than 1 year
   _____ 1 to 2 years
   _____ 3 to 4 years
   _____ More than 4 years
Application for Testing Accommodations Continued

9. What accommodations are you requesting? (Accommodations must be appropriate to the disability)

________________________________________________________________________________________

10. If you are requesting additional time, please indicate the amount of time supported by your documentation.

_____ Double time  ____ Other (please specify): __________________________________________________

11. Do you require wheelchair access to the examinations facility? _____ Yes  _____ No

12. Prior test accommodations you have received:

A. Standardized examinations

_____ Medical College Admission Test (MCAT)                      Month/Year __________

Accommodations received ________________________________________________________________

_____ National Board of Medical Examiners (NBME) or

Month/Year __________

Accommodations received ________________________________________________________________

_____ National Board of Osteopathic Medical Examiners (NBOME)                      Month/Year __________

Accommodations received ________________________________________________________________

_____ Other ___________________________ Month/Year __________

Accommodations received ________________________________________________________________

B. Medical School

Month/Year __________

Accommodations received ________________________________________________________________

C. American Board of Psychiatry and Neurology

Month/Year __________

Accommodations received ________________________________________________________________

13. I certify that the above information is true and accurate. If test accommodations provided to me include a deviation from the standard testing time schedule, I agree that, from the time I begin the examination until I have completed it, I will not communicate in any way, to the extent possible, with any other individuals taking the examination, and I will not communicate in any way with any such individuals about the content of the examination.

If clarification of further information regarding the documentation provided is needed, I authorize the ABPN to contact the professional(s) who diagnosed the disability and/or those entities which have provided me test accommodations. I authorize such professional(s) and entities to communicate with the ABPN in this regard and to provide the ABPN with such clarification and/or further information.

Signature ___________________________ Date __________
Checklist A: Documentation Requirements for All Disabilities

To be granted accommodations at an examination of the Board, the applicant must submit documentation from a qualified professional who has made an individualized assessment of the applicant diagnosing the applicant’s disability. The report must:

_____ Be written by a professional appropriately qualified to evaluate the disability.

_____ Be on the qualified professional’s letterhead with the professional’s credentials, address, and telephone number.

_____ Include the candidate’s name, date of birth, and date of testing, and it must be signed by the qualified professional.

_____ Identify the applicant’s disability and one or more major life activities that the disability substantially limits, including, without limitation, hearing, seeing, breathing, performing manual tasks, caring for oneself, and/or learning (reading and writing). The report should particularly describe the ways in which the disability substantially limits the identified major life activities of the applicant.

_____ Include a history of the disability, including previous settings in which accommodations have been granted. If there is no history of prior accommodations, the examiner must explain why current circumstances necessitate accommodations.

_____ Include diagnostic information (i.e., International Classification of Diseases, American Psychiatric Association Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5).

_____ Include specific recommended accommodations with a rationale for why each accommodation is needed.

IT IS VERY IMPORTANT TO SHARE THIS CHECKLIST OF REQUIREMENTS WITH THE PROFESSIONAL WHO PROVIDES THE REPORT OF YOUR DISABILITY.
Checklist B: Documentation Requirements for Learning Disabilities

To be granted accommodations at an examination of the Board, the applicant must submit documentation from a qualified professional who has made an individualized assessment of the applicant diagnosing the applicant's disability. The report should include the following:

- A psychoeducational evaluation of the applicant as an adult prepared by a certified psychologist or learning disabilities specialist who has made an individualized assessment of the applicant.

- A complete cognitive assessment using the Wechsler Adult Intelligence Scale-III, the Kaufman Adolescent and Adult Intelligence Test, the Woodcock-Johnson Cognitive Battery, Revised, as well as other formal tests that measure information processing and achievement.

- A comprehensive achievement battery in relevant areas such as reading, written language, and mathematics.

- An evaluation of information processing skills which include, but are not limited to, short and long-term memory, auditory processing, motor skills, executive functioning, and phonological awareness skills. Typical instruments include, but are not limited to, the Woodcock-Johnson Psycho-Educational Battery, Revised: Tests of Cognitive Abilities, the Detroit Tests of Learning Aptitudes-Adult, and the Wechsler Memory Scales, Revised.

Note: The test instruments must be statistically valid, reliable, and standardized for adult populations. Test performance must be reported in standard scores or percentiles.

- Documentation of prior diagnosis, accommodations, or classification.

- Documentation of cognitive, information processing, and achievement deficits that relate to the requested accommodations.

IT IS VERY IMPORTANT THAT THIS CHECKLIST OF REQUIREMENTS BE FOLLOWED BY THE CERTIFIED PROFESSIONAL WHO PROVIDES THE REPORT OF YOUR DISABILITY.
Checklist C: Documentation Requirements for Attention Deficit/Hyperactivity Disorder

To be granted accommodations at an examination of the Board, the applicant must submit documentation from a qualified professional who has made an individualized assessment of the applicant diagnosing the applicant's disability. The report should include the following:

______ A multidimensional diagnostic evaluation that involves one or more certified professionals (physician, psychologist, neuropsychologist, learning specialist) and that includes historical, observational, medical, neuropsychological testing, and educational testing information.

______ The report should be done within three years of the candidate's request for accommodations and include a description of current functional limitations relative to the requested accommodations.

A discussion of a differential diagnosis must be included.

______ Delineate recommendations with a rationale for treatment (medication and/or behavior modification) and academic accommodations backed up by a rationale for why specified test accommodations are needed. It is particularly important to document prior accommodations. If no prior accommodations have been provided, a detailed explanation should be included as to why the requested accommodations are needed at this time.

**Note: Each test must be listed and results must be reported in standard scores or percentiles.**

IT IS VERY IMPORTANT TO SHARE THIS CHECKLIST OF REQUIREMENTS WITH THE PROFESSIONAL WHO PROVIDES THE REPORT OF YOUR DISABILITY.