



American Board of Psychiatry and Neurology, Inc.

A Member Board of the American Board of Medical Specialties (ABMS)

Application for Nursing Mother Accommodations

1. Personal Information

Full Name: _____ Title: (MD, DO, etc.) _____

Address: _____

City, State, Zip: _____

Email _____ Telephone: _____ Fax: _____

Date of Birth: _____ ABPN ID Number: _____ (office use only)

2. Nursing Mother Accommodations are requested for the following examination:

3. Accommodations Request

A. Private Space (A private place to pump with an electrical outlet)

Yes No

Refrigeration is not provided. ABPN examinees may bring a cooler if they choose to store breast milk.

B. Examination Time (choose one)

60 minutes of additional break time, OR

A double time examination

4. Email all requests to questions@abpn.com no later than 90 days prior to the start date of the testing window. There may be a delay in scheduling an appointment at a Pearson VUE test center if your request is received after that time. Completed requests are processed as they are received. The earlier a request is received, the earlier it can be processed.

Additional details regarding nursing mother accommodations are available on ABPN's website in [Certification exams](#) and the [CC/MOC exams](#).

5. 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.

Signature: _____ Date: _____

Revised January 11, 2021