



**Questionnaire & Exam Accommodation Request Form For Candidates With Disabilities
Including Learning And Cognitive Disabilities**

This form is specific to examinations taken at Pearson VUE testing centers. Please do not use this form to request accommodations for a virtual Certifying Examination (CE)* nor to request accommodations for an ABS In-Training Examination (ITE).**

Section A: Personal Information	Please complete the following:
First Name: _____	
Last Name: _____	
Date of Birth: _____	
ABS ID: _____	
Current Phone Number: _____	
Current Email Address: _____	
Current Mailing Address: _____	

Section B: Exam Information	
Exam Name: _____	
Section C: Personal Statement	
<p>In order to document your need for accommodation as completely as possible, please include a personal statement describing your disability and how it affects your daily life and professional functioning. Include any steps you have taken to remediate your disability. Do not confine your comments to standardized test performance; rather, discuss your overall functioning.</p>	

Section D: Additional Accommodation Information	
<i>The full and detailed comprehensive report from your qualified professional must be attached to this questionnaire and uploaded as one document via your portal.</i>	
<p>How long ago was your disability first professionally diagnosed?</p> <p><input type="checkbox"/> >1 year <input type="checkbox"/> 1-2 years <input type="checkbox"/> 2-4 years <input type="checkbox"/> 5+ years</p>	
<p>Accommodations recommended by professional as provided in the documentation</p>	

<p>Recent standardized examinations for which special accommodations were provided:</p>	
USMLE Step 1 Year(s): _____	
USMLE Step 2 Year(s): _____	
USMLE Step 3 Year(s): _____	
MCAT Year(s): _____	
Other (include year(s)): _____	
<p>Describe accommodations provided for each:</p>	

<p>Describe any other accommodations in college and/or medical school:</p>	

Section E: Certification/Authorization	
<p>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 my written initial certification examination until I have completed it, I will not communicate in any way with any other individuals taking the same examination and I will not communicate in any way with such individuals about the content of the examination.</p>	
Signature: _____	Date: _____

* An accommodation request for additional exam time or additional break time during a virtual CE will necessitate the administration of the examination **outside** of the usual delivery and **outside** of posted dates for that exam. **The exam date and time will be scheduled on a case-by-case basis accounting for both candidate and examiner schedules.** Candidates requesting an accommodation on the CE must email their request to accommodations@absurgery.org.

** Accommodations on an ABS ITE are at the individual program’s discretion.