



**THE AMERICAN  
BOARD OF SURGERY**

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

**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**

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.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Section D: Additional Accommodation Information**

How long ago was your disability first professionally diagnosed?

- >1 year       1-2 years       2-4 years       5+ years

Accommodations recommended by professional as provided in the documentation

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Recent standardized examinations for which special accommodations were provided:

USMLE Step 1 Year(s): \_\_\_\_\_

USMLE Step 2 Year(s): \_\_\_\_\_

USMLE Step 3 Year(s): \_\_\_\_\_

MCAT Year(s): \_\_\_\_\_

Other (include year(s)): \_\_\_\_\_

Describe accommodations provided for each:

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

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#### **Section D: Certification/Authorization**

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 examination until I have completed it, I will not communicate in any way with any other individuals taking the examination and I will not communicate in any way with such individuals about the content of the examination.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_