American Board of Pediatric Dentistry
Examination Accommodation Request Form

Section I: Personal Information

PID (Office use)

First Name       Middle Name    Last Name

Street Address      City   State   Zip code

Phone Number          Email Address

Section II: Examination Information

Examination Date:

☐ Qualifying Examination       Deadline for completed application: December 30
☐ Oral Clinical Examination    Deadline for completed application: April 1
☐ Renewal of Certification Examination Deadline for completed application: August 1

ABPD requires a separate accommodations request for each examination.

Requests must be supported by documentation from a qualified professional. All
documentation must be received by the stated deadline. Applications received after the
deadline will not be considered.

Section III: Disability Information
(Check all that apply)

☐ Learning Disability
☐ Hearing Disability
☐ Attention Deficit Hyperactivity Disorder
☐ Other: ________________________________________

Date when your disability was first diagnosed:

Date of your most recent evaluation:

Name of evaluator making the recent diagnosis:

Have you ever received accommodations for taking an exam? □ Yes □ No

If YES, please specify the exam or circumstances and the accommodation(s) you received:

________________________________________________________________________

________________________________________________________________________

Section IV: Accommodation(s) Request
The accommodation(s) being requested must be supported and recommended by the evaluator completing Sections 7-9 of this form.

☐ Extra Time – amount of time must be supported in documentation by evaluator
   Amount of Extended Time _________________________________________________

☐ Separate Testing Environment/ Individualized Testing Room

☐ Other:_______________________________________________________________

Section V: Required Documentation
(Please review documentation guidelines, page 5)
☐ Completed ABPD Examination Accommodation Request Form
☐ Documentation of previous accommodation(s) received
☐ Personal Statement - describing your disability and its impact on your daily life and educational functioning
☐ Completed Evaluator Certification and Recommendations – completed by a Licensed Professional
☐ Current Evaluation Report – completed by a Licensed Professional and attached to the Evaluation Certification and Recommendations page (page 4)

Section VI: Candidate Signature

Candidate Affirmation
I hereby agree to provide the American Board of Pediatric Dentistry (ABPD) all required documentation in connection with my request for accommodation(s) of my stated disability. I certify the information I have provided on this request form is true and accurate. I have truthfully represented my disability and the impact it has on my educational functioning and ability to perform during examinations. I understand and agree that ABPD has requested this documentation for use in evaluating the existence and nature of my stated disability and the need for the requested accommodation(s). I understand that my request must include this form and all supporting documentation, and must be completed and received by the deadline in order to process and ensure adequate time to evaluate my request.

I further understand that ABPD reserves the right to take action if it determines that false information or false statements have been presented on this request form or in connection with my request for examination accommodation(s).
Authorization for Release of Information

I understand that a separate accommodate request is required for each examination and each request must be supported by documentation from one or more qualified professionals. All documentation must be received by the stated deadline in order for the application to be reviewed.

I give permission to ABPD to contact the licensed professional(s) who diagnosed my disability and/or any other persons or entities referenced in this application to request additional information and/or documents or clarification as needed. I authorize such professionals, persons and entities to provide ABPD with such information, documents or clarifications as needed.

I give permission to ABPD to disclose any information and documentation it possesses concerning my accommodation request to qualified independent reviewers to evaluate my eligibility for accommodation(s). I give permission for such information and documentation to be sent by electronic or other means as determined by ABPD.

________________________________________
Signature

________________________________________
Printed Name

________________________________________
Date
Section VII: Evaluator Certification and Recommendations - The Licensed Professional who has conducted the most recent evaluation must complete this page in its entirety.

Be sure to read and following the documentation guidelines. Forms submitted without appropriate supporting documentation will be returned as incomplete.

Evaluator Name: ________________________________________________________________
License Type: ___________________ State: ________ License #: __________________
Diagnosis: ________________________________________________________________
Diagnostic Instruments used for diagnosis: _______________________________________

Recommended Accommodation(s)
List recommended accommodation(s) for the examination. Attach a separate sheet if you need additional space.

☐ Extra Time – The amount of time must be supported by your assessment and documentation

Amount of Extended Time: ______________________________________________________
Rationale: _____________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

☐ Separate Testing Environment/Individualized Testing Room

Rationale: _____________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

☐ Other: _______________________________________________________________________

Rationale: _____________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Please attach to this page a complete report of your test results. A complete report is required to include all test scores and a narrative detailing your findings on professional letterhead. The accommodation(s) you are recommending must be supported by your findings. If additional time is requested, your documentation must state the recommended amount of extended time.

Signature of Evaluator
I certify that I am qualified to make the diagnosis and recommendations listed above for this candidate,

_________________________________________ ________________________________
Signature Date
ABPD Documentation Guidelines

Evaluators Must Be Qualified
The evaluators performing assessments and providing a diagnosis of any disability must be qualified to do so. For the diagnosis of learning disability, examples of qualified evaluators include licensed schools, educational and clinical psychologists, neuropsychologists, psychiatrists, learning disability specialists, or medical professionals experienced within the field of learning disabilities. For the diagnosis of Attention Deficit Hyperactivity disorder (ADHD) or other mental disorders that require accommodation, examples of qualified evaluators include licensed schools, educational and clinical psychologists, neuropsychologists, psychiatrists, learning disability specialists, or medical professionals experienced and trained in performing psychological/psychiatric evaluation.

Documentation Must Be Recent
The documentation submitted, including the current evaluation report, must be within the last 5 years.

The Evaluation and Assessment Procedures MUST be Comprehensive and Appropriate for Adults Subjects
The documentation must be comprehensive and complete. ADHD and learning disability documentation must minimally include appropriately named measures of intellectual ability and/or information processing such as the Wechsler Adult Intelligence scale, Third Ability, or the Woodcock-Johnson Psycho-Educational Battery Revised Tests of Cognitive Ability, and appropriately normed measures of academic ability such as Woodcock-Johnson Psycho-Education Battery-Revised test of Academic Achievement.

Screening tests such as the Wide Range Achievement test are inappropriate as the sole measure of a person’s academic skill development. A narrative describing only the test procedure and their instruments will not be reviewed. Test scores submitted without a narrative report that supports the diagnosis will also not be reviewed.

The Evaluation Reports must be on professional letterhead and must include, but are not limited to, the following:
1. The professional’s qualifications, address, telephone number, and original signature.
2. The candidate’s name and date(s) of evaluation(s).
3. The specific diagnostic procedures or tests administered. Diagnostic methods used should be appropriate to the disability and in alignment with current professional protocol.
4. The results of the diagnostic procedures and/or tests and a comprehensive interpretation of the results.
5. The specific diagnosis of the disability, with an accompanying description of the candidate’s limitations due to the disability.
6. A summary of the completed evaluation with recommendations for the specific accommodation(s) requested and how they will reduce the impact of identified functional limitations (i.e., substantial impairment in ability to perform necessary tasks and obligations) as they pertain to participation in the ABPD examination.
Unacceptable Forms of Documentation
The following documents should not be submitted and ABPD will not consider them in the determination of disability and appropriate accommodation(s):

- Incomplete, illegible, or unsigned ABPD Accommodation Request Form
- Handwritten letters from licensed professionals
- Handwritten patient records or notes from patient charts
- Diagnoses on prescription pads
- Self-evaluations
- Research articles
- Original evaluation documents (only copies are acceptable)

The Documentation MUST provide Evidence of Support for the Specific Accommodation(s) Requested by the Candidates and MUST list the Specific Accommodation(s) Requested.
It is the candidate’s responsibility to ensure that the evaluator completing the documentation understands the nature of the examination and specifies the accommodation(s) requested for the examination.