



Special Accommodations Request

Policy and Procedure for Applicants with Disabilities Requesting Test Accommodations

Introduction

The American Board of Medical Genetics and Genomics (ABMGG) is committed to providing equal opportunity for candidates with disabilities in accordance with the Americans with Disabilities Act (ADA). Certification examinees are informed of the availability of test accommodations in the Bulletin of Information.

Accommodations will be made on an individual basis and depend on the nature and extent of the disability, documentation provided, and the requirements of the examination. The ABMGG will provide testing accommodations for qualified individuals with disabilities provided that the accommodations are reasonable for the documented disability and do not fundamentally alter the measurement of skills or knowledge that the examination is intended to test.

The ADA defines disability as a physical or mental impairment that substantially limits one or more of the individual's major life activities. Applicants and their qualified professional evaluators should note that problems such as test anxiety, English as a second language in and of itself, slow reading without an identified underlying cognitive deficit or failure to achieve a desired academic outcome generally are not conditions covered under the ADA.

What To Do

Applicants with a disability who need special accommodations during the certifying examinations must check the Application for Special Accommodations box on the application form and must complete and submit the Application for Special Accommodations to the ABMGG.

The applicant must notify the ABMGG immediately if new circumstances arise after submission of the application that causes the applicant to request special accommodations during the certifying examination.

Documentation Required

Applicants requesting reasonable accommodations because of a disability must provide appropriate documentation of the disability and specify the extent to which modifications to the standard testing procedures are being requested. The following documentation should be submitted to support a request for accommodations:

1. A completed ABMGG Questionnaire for Applicants Requesting Test Accommodations.
2. A detailed report from a qualified professional appropriate for evaluating the disability describing the applicant's condition and its severity. Given that the manifestations of a disability may vary over time, the evaluation should be no more than three years old. The report must include:

- a) a specific diagnosis using standard nomenclature (i.e. current version of International Classification of Diseases [ICD]; American Psychiatric Association Diagnostic and Statistical Manual [DSM - Revision #1];
 - b) specific findings in support of the diagnosis (relevant history, tests administered, test results in standard score format and interpretation of those test results);
 - c) a description of the individual's functional limitations due to the stated disabilities;
 - d) specific recommendations for test accommodations including a detailed explanation of why the accommodations are needed;
 - e) name, address, telephone number and qualifications of each professional expert who provides documentation.
3. If no prior accommodations have been provided, the qualified professional expert should include a detailed explanation as to why no accommodations were given in the past and why accommodations are needed now.
 4. If the applicant has received prior to test accommodations during medical school, college or graduate school, a Certification of Prior Test Accommodations must be completed by an appropriate school official.

Timeline for Submitting Documentation

Request and supporting documentation must be submitted to ABMGG on or before the filing of the application for the examination. If new circumstances arise after submission of the application that causes the applicant to request special accommodations during the certifying examination, the applicant must notify the ABMGG immediately.

A committee of the ABMGG will consider the individual's request and supporting documentation. The committee may request additional documentation as necessary. If there is a need for further verification of the disability or the need for accommodation, it is possible that the decision on granting the accommodation will be delayed until the next scheduled test administration. Applicants having any questions are encouraged to contact the ABMGG.

Request for Reconsideration

If the requested accommodation is denied, the individual may request that the committee reconsider its initial action by submitting such request to the ABMGG by express mail, within ten (10) calendar days of receipt of the notification of denial. The individual may provide written information revising or expanding the factual information previously submitted, challenging the findings of the committee's experts, and/or attempting to rebut the interpretation and conclusions of the committee. If reconsideration is not requested within ten (10) days, the actions of the committee shall become final and all rights to reconsideration or appeal shall be waived.

Upon reconsideration, the committee may sustain or modify its initial action. Notification of the committee's decision will be sent by express mail within ten (10) calendar days of the receipt of the request for reconsideration. **If the committee sustains its initial action, the notification will indicate the individual's further right to appeal the decision, but an additional appeal will result in deferral of candidacy to the following exam cycle.**

Test Accommodations

Test accommodations include:

- Assistance in completing answer sheets
- Extended testing time
- Extra or extended breaks (without extended testing time for the examination)
- Individual testing room (for those whose disability necessitates separation from all other examinees)
- Large print examination
- Reader

Other accommodations will be considered upon request.

Cancellation

If an applicant requesting test accommodations decides not to take the examination, the applicant must notify the ABMGG at least two weeks before the test administration to allow time to cancel the arrangements at the center.

Application for Subsequent Test Accommodations

The applicant must notify the ABMGG in writing of a request for accommodations for any subsequent test administration.

1. If requesting identical accommodations for the same disability, send a letter of request indicating the previous test administration for which accommodations were provided with the completed application.
2. If there is a change in the nature or extent of the disability and/or additional or different accommodations are being requested, documentation for the new request must be submitted with the completed application.
3. To facilitate arranging for test accommodations, applicants are urged to submit their request as early in the application process as possible.

These guidelines are applicable to any individual who requests special accommodations for testing. The American Board of Medical Genetics and Genomics reserves the right to request further verification of the credentials and expertise of the professional diagnosing the disability and recommending the need for special accommodations to the standard testing procedure. ABMGG also reserves the right to require further evaluation of the applicant or seek review of the documentation by a professional of its choice at its expense.

Address all requests and inquiries to:

American Board of Medical Genetics and Genomics, ABMGG@abmgg.org. Questions can be directed to the administrative office at 301-634-7315.

Confidentiality

Examinations administered with accommodations are not identified to entities receiving verification of certification.



Application for Requesting Test Accommodations

This form and supporting documents must be submitted to the ABMGG office at the time of the exam registration. All requests for ADA accommodations must be supported by documentation certifying the disability from a qualified professional appropriate for evaluating the disability as outlined in the accompanying guidelines.

1. Applicant's Name _____

2. Address _____

3. Disability
 Hearing Disability Psychiatric Disability Chronic health problem
 Learning Disability Visual Disability Temporary injury
 Physical Disability Other _____

4. How long ago was your disability first professionally diagnosed?
 less than 1 year 1-2 years 2-4 years 5 or more years

5. Specify what accommodation(s) you are requesting? Accommodation(s) must be appropriate to the disability.

6. If you are requesting additional time, please indicate the amount of time **as supported by your documentation**:
 1 hr. per book Time and one half Double time
 Other (please specify) _____

7. Do you require wheelchair access at the examination facility?
 Yes No

8. Prior classroom or test accommodations that you have received:

A. Standardized Examinations
 Graduate School Admission Test (GSAT) Month/Year _____
Accommodations received _____
(If extra time, note amount given _____)

 Other _____ Month/Year _____
Accommodations received _____

(If extra time, note amount given _____)

B. Graduate School Yes No
Accommodations received _____
Year _____

C. Medical College Admissions (MCAT) Yes No
Accommodations received _____
Year _____

D. Residency or Fellowship training Yes No
Accommodations received _____
Year _____

E. USMLE, NBME, ECFMG Yes No
Accommodations received _____
Year _____

If yes, have an appropriate official at your graduate school complete the enclosed certification form.

F. College Yes No
Accommodations received _____
Year _____

G. Secondary or elementary school Yes No
Accommodations received _____
Year _____

9. Name, address and telephone number of each professional providing documentation. Attach additional sheet if necessary. Reports from qualified professionals should accompany this questionnaire.

A. Name _____

Address _____

Telephone _____

B. Name _____

Address _____

Telephone _____

10. Include documentation from a professional as well as a personal statement describing your disability and its impact on your daily life and educational functioning.

11. Certification/Authorization:

I certify that the above information is true and accurate. If test accommodations granted 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 of Applicant _____ **Date** _____

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

Signature of Applicant _____ **Date** _____

Certification of Prior Test Accommodations

To be completed by a school official responsible for student disability services.

Please type or print.

Applicant Name: _____

1. I, _____, hold the position of _____
Name Title

2. I certify that _____ has officially approved and provided the
Name of Institution
following test accommodations for the above applicant beginning on _____.
Date (Month/Year)

Accommodation(s) provided: _____

Reason for provision of accommodation(s): _____

Signature _____

Date _____

Telephone _____