



Breastfeeding Parent Form

Policy and Procedure for Applicants Requesting Breastfeeding Test Accommodations

Introduction

The American Board of Medical Genetics and Genomics (ABMGG) will consider requests for medically necessary testing accommodations to support pregnant and nursing individuals.

What To Do

Applicants requesting accommodation for the certifying examinations must check the Application for Special Accommodations box on the application form and complete and submit the Breastfeeding Parent Form to abmgg@abmgg.org.

Submitting Documentation Timeline

Request for breastfeeding accommodations must be submitted to ABMGG at least 60 days prior to the examination. However, we recommend submitting any requests as far in advance of that deadline as possible.

If new circumstances arise after submission of the credentialing application, the applicant must notify the ABMGG immediately to request special breastfeeding accommodations during the certifying examinations.

Test Accommodations

Test accommodations include:

- 30-minutes of break time between each examination block
 - A private space with an electrical outlet, that is not a restroom, for lactating purposes
- If you are testing at a Pearson VUE-owned and operated test center in the Americas region, there will be a private space available at each location. Each space has a chair, table, and electrical outlet and is available on a first-come, first-served basis.*

Other accommodations will be considered upon request.

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 of any type are not identified to entities receiving verification of certification.



Breastfeeding Parent Form

First Name: _____

Last Name: _____

Date of Birth: _____

Email Address: _____

Phone Number: _____

Examination Year: _____

Examinations: (check all that apply)

In-Training

General

Clinical Genetics and Genomics

Laboratory Genetics and Genomics

Clinical Biochemical Genetics

Medical Biochemical Genetics

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 at any time during or after the examination.

Signature of Applicant _____ **Date** _____