



American Board of Pediatrics Test Accommodation Request Form - Repeat Request

Mail your completed form by the final published deadline for registration to:

American Board of Pediatrics, 111 Silver Cedar Court, Chapel Hill, NC 27514.

Applicants will select a computer testing center after a decision has been made on the test accommodation request.

I have received test accommodations for a prior ABP Examination and am requesting the same accommodations as previously provided. (Submitting this form constitutes your official notification.)

I require different accommodations than those previously provided, due to a change in the nature or extent of my disability.

If there has been a change in the nature or extent of your disability please fill out the **ABP Test Accommodation Request Form -New Request** and attach documentation supporting the change in accommodation(s).

Please type or print.

Accommodations are requested for the following examination:

Examination Name: _____ Year: _____

1. Name: _____
Last First Middle Initial

2. Address: _____
Number Street

City State/Province Zip Code

Country

Daytime Telephone Mobile Telephone

E-mail Address

3. ABP ID #: _____ (if known)

Signature _____ Date _____

Effective 02/01/2006

(revised 2011)

(updated 10/2011)