Send your completed form with supporting documentation by the final published application deadline to:
American Board of Pediatrics, 111 Silver Cedar Court, Chapel Hill, NC 27514, or by email to:
TestingAccommodations@abpeds.org
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 complete 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: _______________________________________________ Year: _______________________________

1. Name: _____________________________________________________________________________________
   Last    First    Middle Initial

2. ABP ID #: _________________________ (if known)

3. Contact Information: ____________________________________________
   Daytime Telephone    Mobile Telephone
   ____________________________
   Email Address

Signature ___________________________________________  Date _______________________

Effective 02/01/2006 (revised 2011, 2016)