



Personal Item Exception Request Form

Most personal items are prohibited in the testing rooms at Prometric. You will be provided a secure individual storage locker for your personal belongings. The only items you will be permitted to bring into the testing room:

- ✓ Your photo ID
- ✓ Your storage locker key
- ✓ Religious or medical head coverings
- ✓ Center-supplied note boards and markers
- ✓ Center-supplied tissues
- ✓ [View](#) complete list of pre-approved medicines and medical devices permitted in the testing rooms

A Personal Item Exception (PIE) may be requested by candidates who demonstrate and document such a need, and are reviewed on a case-by-case basis. A PIE is not required for items placed in a locker and not brought into the examination room. In addition, candidates are not required to submit the PIE form with supporting documentation nor notify the ABP in advance of a scheduled appointment for a personal item that is on the pre-approved list.

Breastfeeding Parents: To request extended break time for lactation purposes, submit the [Breastfeeding Parent Form](#).

IMPORTANT: Accommodations will be made on an individual basis. Your examination application will be placed on hold and you will not be able to schedule your examination appointment until the Personal Item Exception (PIE) is either approved or withdrawn.

1. ABP ID#: _____ Name listed in your ABP Portfolio: _____
2. Examination name: _____
3. Have you requested a personal item exception for a prior ABP examination? ☐ Yes ☐ No
4. The following items cannot be brought into the common examination room; therefore, additional documentation is required. Along with this request form, please submit a letter from your treating physician on official letterhead, documenting the medical necessity of these items in the testing environment. Please indicate if you need approval for one or more of the following:
 - ☐ Medical device that is not listed [here](#) as a pre-approved item ☐ Glucose testing supplies
 - ☐ Medication that is not listed [here](#) as a pre-approved item ☐ Food or beverage, as required for medical reasons
 - ☐ Electric heating pad ☐ Other: _____

Please submit your completed form with supporting documentation, allowing one week for processing. Should you have any questions, please feel free to contact the ABP at TestingAccommodations@abpeds.org.

EMAIL:

TestingAccommodations@abpeds.org

FAX:

(919) 929-8752

(919) 918-7114

MAIL:

American Board of Pediatrics
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Chapel Hill, NC 27514