

AMERICAN BOARD OF PEDIATRICS

Policy and Procedures for Applicants with Disabilities

Introduction

It is the commitment and policy of the American Board of Pediatrics (the ABP) to fully comply with the Americans with Disabilities Act of 1990, all amendments thereto and any accompanying regulations (the ADA). Therefore, consistent with and in accordance with the ADA, the ABP endeavors to administer its examinations, where feasible, in a manner that best ensures equal access to the ABP's examinations for individuals with documented qualifying disabilities who demonstrate a need for accommodation(s).

The purpose of accommodations is to provide equal access to the ABP's certification and recertification *examinations* for individuals with documented disabilities and a demonstrated need for accommodation, not to certification itself. As such, no candidate will be excused from taking the examination or offered an accommodation that would compromise the examination's ability to test the skills and knowledge the examination is designed to measure. The ABP allows appropriate accommodations in order to best ensure that the examination results reflect each candidate's mastery of the content areas the examination is designed to measure, rather than reflecting a candidate's impaired sensory, manual or psychological skills (except where those skills are the factors that the examination purports to measure). While the intent of the use of accommodations in the test activity is to enable the individual to demonstrate his or her mastery of the knowledge being tested, accommodations are not a guarantee of improved performance, test completion or a passing score.

The ABP's guiding principles for evaluating requests for accommodation(s) to examinations are:

1. ***Fair:*** The grant of examination accommodations will best ensure fairness for all candidates, both those seeking accommodations as well as those testing under standard conditions.
2. ***Consistent:*** Accommodations must be consistent with the ADA and appropriate and tailored to the limitation in taking the examination.
3. ***Reasonable:*** The required documentation demonstrating a disability and need for accommodation shall not be burdensome and the finding of a disability shall not require extensive additional analysis so that the ABP can make accommodation determinations in a timely manner.
4. ***Valid:*** Documentation of the disability and need for accommodation must meet current professional practices of qualified professionals.

Confidentiality

Examinations administered with accommodations are not identified or flagged to entities receiving verification of certification. Nor does the ABP report any information to entities receiving verification of certification about the nature of the disability, or accommodations requested, given or denied.

What To Do

If you have a disability covered under the ADA and require test accommodations, you must notify the ABP each time you apply for an examination.

1. Read these Policy and Procedures. The ABP recommends that you submit them to the qualified professional who will be preparing any supporting documentation. The documentation from your evaluator must be typed and on official letterhead. No handwritten documentation can be accepted. All documents must be in English.
2. Complete and sign the ABP Test Accommodation Request Form which may be downloaded at <https://www.abp.org/sites/abp/files/pdf/certreqrpt.pdf>. If you choose to do so, attach a personal statement describing your disability and its impact on you and your ability to access the ABP examinations. If relevant, also describe any current workplace accommodations.
3. Submit documentation of your disability and your need for accommodation of the identified disability from your qualified professional accompanied by your completed ABP Test Accommodation Request Form to the ABP no later than the published application deadline for your examination. **Requests for test accommodations after this date will not be accepted.** Send your completed request by email, fax or mail:

American Board of Pediatrics
111 Silver Cedar Court
Chapel Hill, NC 27514
FAX; (919) 929 9255
Website: www.abp.org
General Email: abpeds@abpeds.org (or see www.abp.org for direct email addresses for each examination)

Incomplete documentation may impact the processing and/or determination of your request.

4. Applicants are advised to retain a copy of all questionnaires and documentation submitted.

How to Document your Disability and Need for Accommodation

The ADA defines a disability as a mental or physical impairment that substantially limits a major life activity compared to the average person in the general population.

The guidelines of the latest version of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM) and the *International Classification of Diseases* (ICD) are used to substantiate the presence of a disabling condition. Documentation of the administration of diagnostic assessments, determination of specific diagnoses, and recommendation of appropriate accommodations must be made by a qualified professional whose credentials are appropriate to the disability. For physical disabilities, documentation must be provided by a qualified physician.

You must submit a written report by a qualified professional, diagnosing and describing your disability and justifying the need for the requested accommodations. The report must:

- a. **State a specific diagnosis of the disability and the basis thereof.** A professionally recognized diagnosis for the particular category of disability is expected, e.g., the DSM or ICD diagnostic categories.
- b. **Be current.** Because the provision of accommodations is based on assessment of the current impact of the examinee's disability on the testing activity, it is in the individual's best interest to provide recent documentation. As the manifestations of a disability may vary over time and in different settings, in most cases an evaluation should have been conducted within the past three years.
- c. **Describe the specific diagnostic criteria and name the diagnostic tests used, including date(s) of evaluation, specific test results and an interpretation of the test results.** This description should include the results of diagnostic procedures and tests. Diagnostic methods used should be appropriate to the disability and current professional practices within the field.
- d. **Describe the individual's limitations resulting from the diagnosed disability, i.e., a demonstrated impact on functioning on the ABP certification and recertification examinations, and explain the relationship of the test results to the identified limitations resulting from the disability.** The current functional impact on physical, perceptual and cognitive abilities should be fully described.
- e. **Recommend specific accommodations including a detailed explanation of why these accommodations are needed and how they will reduce the impact of the identified functional limitations on the ABP certification and recertification examinations.**
- f. **If no prior accommodations have been provided, the qualified professional expert should include an explanation as to why no accommodations were given in the past and why accommodations are needed now.**

g. Document the credentials of the professional evaluator that qualify him/her to make the particular diagnosis, including information about license or certification and specialization in the area of the diagnosis.

Because of the recognition and growing prevalence of diagnoses of **Learning Disorders** and **Attention Deficit/Hyperactivity Disorder**, the following additional information is offered to assist professional evaluators in documenting a substantial limitation in functioning as a result of these conditions.

Professionals conducting an assessment for a suspected Learning Disorder or Attention-Deficit/Hyperactivity Disorder should also refer to the following information for more detailed guidance in documenting the historical, psychometric and clinical features of these developmental disorders.

I. Learning Disorder or Cognitive Impairment

The following information is provided to clarify the documentation process for applicants submitting a request for accommodations based on a learning disability or cognitive impairment.

1. **The evaluation must be conducted by a qualified professional.** The diagnostician must have training and experience in the field of learning disabilities and direct experience in working with an adult population. The evaluator's name, title and professional credentials, including information about license or certification as well as the area of specialization, employment and state in which the individual practices should be clearly stated in the documentation.
2. **Testing/assessment must be current.** The determination of whether an individual is significantly limited in functioning according to ADA criteria is based on assessment of the current impact of the impairment. A developmental disorder, such as a learning disability originates in childhood and, therefore, information which demonstrates a history of impaired functioning should also be provided.
3. **Documentation must be adequate.** Objective evidence of a substantial limitation in cognition or learning must be provided. At a minimum, the comprehensive evaluation should include the following:
 - a. **A diagnostic interview and history taking.** Because learning disabilities are commonly manifested during childhood, though not always formally diagnosed, relevant historical information regarding the individual's academic history and learning processes in elementary, secondary and postsecondary education should be investigated and documented. The report of assessment should include a summary of a comprehensive diagnostic

interview that includes relevant background information to support the diagnosis. In addition to the candidate's self-report, the report of assessment should include:

- A description of the presenting problem(s);
- A developmental history;
- Relevant academic history including results of prior standardized testing, including, if reasonably available, reports of classroom performance and behaviors including transcripts, study habits and attitudes and notable trends in academic performance;
- Relevant psychosocial history;
- Relevant medical history including the absence of a medical basis for the present symptoms;
- A discussion of dual diagnosis, alternative or co-existing mood, behavioral, neurological and/or personality disorders along with any history of relevant medication and current use that may impact the individual's learning; including an exploration of possible alternatives that may mimic a learning disability when, in fact, one is not present.

b. A psychoeducational or neuropsychological evaluation. The psychoeducational or neuropsychological evaluation must be submitted on the letterhead of a qualified professional and it must provide evidence that a learning or cognitive disability exists.

-Evaluation must include the results of an intellectual assessment using a complete and comprehensive battery of tests.

-A diagnosis must be based on the aggregate of test results, history and level of current functioning. It is not acceptable to base a diagnosis on only one or two subtests.

-Objective evidence of a substantial limitation to learning must be presented.

-Tests must be appropriately normed for the age of the patient and must be administered in the designated standardized manner.

The domains to be addressed should include the following:

- ***Cognitive Functioning***

A complete cognitive assessment is essential with all subtests and standard scores reported

- ***Achievement***

A comprehensive achievement battery with all subtests and standard scores is essential. Specific achievement tests are useful instruments when administered under standardized conditions and when interpreted within the context of other diagnostic information.

Typically, the Wide Range Achievement Test and the Nelson-Denny Reading Test are **not** comprehensive diagnostic measures of achievement and therefore neither is acceptable as the **sole** measure of achievement.

- ***Information Processing***

Specific areas of information processing (e.g., short- and long-term memory, sequential memory, auditory and visual perception/processing, auditory and phonological awareness, processing speed, executive functioning, motor ability) should be assessed.

- ***Other Assessment Measures***

Other formal assessment measures or nonstandard measures and informal assessment procedures or observations may be integrated with the above instruments to help support a differential diagnosis or to disentangle the learning disability from co-existing neurological and/or psychiatric issues. In addition to standardized test batteries, non-standardized measures and informal assessment procedures may be helpful in determining performance across a variety of domains.

4. The diagnostic report must include:

a) Actual test scores must be provided (age-based standard scores where available) as well as identification of norms used to interpret the data.

b) Records of academic history should be provided.

Because learning disabilities are most commonly manifested during childhood, relevant records detailing learning processes and difficulties in elementary, secondary and postsecondary education should be included, if reasonably available.

c) A differential diagnosis must be reviewed and various possible alternative causes for the identified problems in academic achievement should be ruled out.

The evaluation should address key constructs underlying the concept of learning disabilities and provide clear and specific evidence of the information processing deficit(s) and how these deficits currently impair the individual's ability to learn. No single test or subtest is a sufficient basis for a diagnosis.

d) A clinical summary must be provided.

A diagnostic summary based on a comprehensive evaluative process is a necessary component of the report. Assessment instruments and the data they provide do not diagnose; rather, they provide important data that

should be integrated with background information, historical information and current functioning. It is essential then that the evaluator integrates all information gathered in a well-developed clinical summary. The following elements should be included in the clinical summary:

- Demonstration of the evaluators having ruled out alternative explanations for the identified academic problems as a result of poor education, poor motivation and/or study skills, emotional problems, attentional problems and cultural or language differences;
- Indication of how patterns in cognitive ability, achievement and information processing are used to determine the presence of a learning disability;
- Indication of the substantial limitation to learning presented by the learning disability and the degree to which it impacts the individual in the context of the certification and recertification examinations and
- Indication as to why specific accommodations are needed and how the effects of the specific disability are mediated by the recommended accommodation(s).

e) **Each accommodation recommended by the professional evaluator must include a rationale.**

The evaluator must describe the impact the diagnosed learning disability has on a specific major life activity as well as the degree of significance of this impact on the individual. The diagnostic report must include specific recommendations for accommodations and an explanation as to why each accommodation is recommended. Recommendations must be tied to specific diagnostic test results or clinical observations. The documentation should include any record of prior accommodation.

f) **If no prior accommodation(s) has been provided, the qualified professional expert should include an explanation as to why no accommodation(s) was used in the past and why accommodation(s) is needed at this time.**

II. Attention-Deficit/Hyperactivity Disorder (ADHD)

For those applicants submitting a request for accommodations based on Attention-Deficit/Hyperactivity Disorder (ADHD), the following additional information is provided to clarify the documentation process:

1. **The evaluation must be conducted by a qualified professional.** Comprehensive training in the differential diagnosis of ADHD and other psychiatric disorders and direct experience in diagnosis and treatment of adults is necessary. The evaluator's name, title and professional credentials, including information about license or certification as well as the area of specialization,

employment and state in which the individual practices should be clearly stated in the documentation.

2. Testing/assessment must be current. The determination of whether an individual is "significantly limited" in functioning is based on assessment of the current impact of the impairment.

3. Documentation necessary to substantiate the Attention-

Deficit/Hyperactivity Disorder must be adequate. Because ADHD is, by definition, first exhibited in childhood (although it may not have been formally diagnosed) and in more than one setting, objective, relevant, historical information verifying a chronic course of ADHD symptoms from childhood through adolescence to adulthood is essential.

- a. The evaluator is expected to review and discuss DSM diagnostic criteria for ADHD and describe the extent to which the patient meets these criteria.
- b. A history of the individual's presenting symptoms must be provided, including evidence of ongoing impulsive/hyperactive or inattentive behaviors (as specified in DSM) that significantly impair functioning in two or more settings.
- c. The information collected by the evaluator must consist of more than self-report. Information from third party sources is critical in the diagnosis of adult ADHD. Information gathered in the diagnostic interview and reported in the evaluation should include, but not necessarily be limited to, the following:

- History of presenting attentional symptoms, including evidence of ongoing impulsive/hyperactive or inattentive behavior that has significantly impaired functioning over time;
- Developmental history;
- Relevant medical and medication history, including the absence of a medical basis for the symptoms being evaluated;
- Relevant psychosocial history and any relevant interventions;
- A thorough academic history of elementary, secondary and postsecondary education;
- Review of psychoeducational test reports to determine if a pattern of strengths or weaknesses is supportive of attention or learning problems;
- Description of current functional limitations relative to the ABP certification and recertification examinations;
- A discussion of the differential diagnosis, including alternative or co-existing mood, behavioral, neurological and/or personality disorders that may confound the diagnosis of ADHD; and
- Exploration of possible alternative diagnoses that may mimic ADHD.

4. Relevant Assessment Batteries. A neuropsychological or psychoeducational assessment may be necessary in order to determine the individual's pattern of strengths or weaknesses and to determine whether there are patterns supportive of attention problems. However, test scores or subtest scores alone should not be used as the sole basis for the diagnostic decision. They may be useful as one part of the process in developing clinical hypotheses. When testing is used, age-based standard scores must be provided for all normed measures.

5. Identification of DSM Criteria. A diagnostic report must include a review of the DSM criteria for ADHD both currently and retrospectively and specify which symptoms are present (see DSM for specific criteria).

6. Other criteria include:

- a. Symptoms of hyperactivity-impulsivity or inattention that cause impairment were present prior to age 12.
- b. Clear evidence that the symptoms interfere with, or reduce the quality of, social, academic, or occupational functioning.
- c. Current symptoms that have been present for at least the past six months.
- d. Several inattentive or hyperactive-impulsive symptoms are present in two or more settings (e.g., school, work, home, in other activities).

7. Documentation Must Include a Specific Diagnosis. The report must include a specific diagnosis of ADHD based on the DSM diagnostic criteria.

8. A Clinical Summary Must Be Provided. A diagnostic summary based on a comprehensive evaluative process is a necessary component of the assessment. The clinical summary must include:

- a. Demonstration of the evaluators having ruled out alternative explanations for inattentiveness, impulsivity, and/or hyperactivity as a result of psychological or medical disorders or non-cognitive factors;
- b. Indication of how patterns of inattentiveness, impulsivity and/or hyperactivity across the life span and across settings are used to determine the presence of ADHD;
- c. Indication of the substantial limitation to learning presented by ADHD and the degree to which it impacts the individual in the context for which accommodations are being requested and
- d. Indication as to why specific accommodations are needed and how the effects of ADHD symptoms, as designated by the DSM, are mediated by the accommodation(s).

9. Each accommodation recommended by the evaluator must include a rationale. The evaluator must describe the impact of ADHD (if one exists) on a specific major life activity as well as the degree of significance of this impact on the individual. The diagnostic report must include specific recommendations

for accommodations. A detailed explanation must be provided as to why each accommodation is recommended and should be correlated with specific identified functional limitations. Documentation should validate the need for accommodation based on the individual's current level of functioning. The documentation should include any record of prior accommodation or auxiliary aid, including information about specific conditions under which the accommodation was used (e.g., standardized testing, final exams, etc.).

10. If no prior accommodation has been provided, the qualified professional and/or individual being evaluated should include a detailed explanation as to why no accommodation was used in the past and why accommodation is needed at this time.

November 2010

Revised June 2014

Revised February 2016

Edited April 2016