



# ABP Corporate Policy

## Applicants with Disabilities

### INTRODUCTION

It is the commitment and policy of the American Board of Pediatrics (the ABP or the Board) to fully comply with the Americans with Disabilities Act, all amendments thereto and any accompanying applicable regulations (the ADA). Therefore, consistent with and in accordance with the ADA, the ABP endeavors to administer its services, where feasible, in a manner that best ensures equal access to individuals with documented qualifying disabilities who demonstrate and request a need for accommodation(s) or auxiliary aides, provided that the requested accommodation is reasonable, not unduly burdensome and does not fundamentally alter the measurement of the skills or knowledge being assessed.

The purpose of ADA accommodations is to provide access to the ABP's certification and/or maintenance of certification activities, **not certification itself**. As such, no individual will be excused from either taking an examination for certification or the requirements to maintain certification. Nor will an individual be granted an accommodation that would compromise the ABP's ability to assess the skills and knowledge the examination or steps required to maintain certification are designed to measure.

The ABP allows appropriate accommodations 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. While the intent of the use of accommodations in the test activity is to enable the individual to demonstrate their mastery of the knowledge being tested, accommodations are not a guarantee of improved performance, test completion, a passing score, ABP certification, or maintenance of ABP certification.

### CONFIDENTIALITY

The ABP does not flag or report any information to entities verifying certification about the nature of any individual's disability or accommodations requested, given, or denied.

### WHAT TO DO

The following must be submitted to the ABP ***no later than the application deadline for the activity for which you are requesting accommodation(s) regardless of previous requests and/or granted accommodations***. The ABP encourages early advance submission of accommodations requests to allow for timely evaluation and any necessary interactive process with you. ***Requests for ADA accommodations after this date will not be accepted unless the ADA disability based upon which you may require an accommodation has been first diagnosed after this date.*** In instances where the ADA disability based upon which you may require an accommodation has been first diagnosed after the deadline, the ABP will endeavor to evaluate the request, however, *the ABP makes no guarantee that it will be able to evaluate the request or implement any accommodation in advance of the activity for which you are requesting accommodation(s).*

1. A completed and signed [ABP Test Accommodation Request Form](#), used for both new and repeat requests



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If you choose to do so, you may attach a personal statement describing your disability and its impact on you and your ability to access the scheduled activity for which you are making the request. If relevant, also describe any current or past applicable ADA accommodations.

2. **Checklist** (see below or read our more thorough [Exam Applicant's Guide and Checklist for Requesting New or Revised ADA Test Accommodations](#)).
3. **All supporting documentation**  
You will upload your documentation through the [ABP Test Accommodation Request Form](#). *The Exam Applicant's Guide and Checklist for Requesting New or Revised ADA Test Accommodations* explains what you need to collect before you begin the online form.

#### 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. A major life activity is a function that is important to most individuals' daily lives (e.g., breathing, walking, talking, seeing, caring for oneself, performing manual tasks, and working). ***You must submit a written report by a qualified professional, diagnosing and describing your disability and justifying the need for the requested accommodation(s). The report must:***

- **Be completed by a “qualified professional.”** A report by a qualified professional who has made an individualized assessment of the applicant diagnosing the applicant's disability and identifying one or more major life activities that the disability substantially limits and addresses each of the applicable requirements in the relevant checklist(s) below. A “qualified professional” is a person who has a license or other recognized credential in the relevant area of their assessment of your need for an accommodation.
- **Relevant and current.** Because the provision of accommodations is based on the assessment of the current impact of the examinee's disability on the testing activity and manifestations of a disability may vary over time and in different settings, it is in your best interest to provide the most recent documentation that is relevant and current to your request, particularly if there is no history of prior accommodations.
- **Recommend specific accommodations.** Include a detailed explanation of why these accommodations are requested and how they will reduce the impact of the disability on the applicable ABP certification or recertification examinations or activities.



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#### CHECKLIST OF DOCUMENTATION REQUIREMENTS FOR ALL DISABILITIES

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To be granted accommodations at an examination of the Board, the applicant must submit documentation from a qualified professional who has made an individualized assessment of the applicant diagnosing the applicant's disability. The report must:

- ☐ Be prepared by a professional appropriately qualified and licensed to diagnose/evaluate the disability and/or requested accommodations.
- ☐ Be on the qualified professional's letterhead with the professional's credentials, address, and telephone number and it must be signed and dated by the qualified professional.
- ☐ Include the individual diagnosed/evaluated name, date of birth, and date of evaluation and/or assessment.
- ☐ Identify the individual diagnosed/evaluated disability and one or more major life activities that the disability substantially limits.
- ☐ Include a history of the disability and prior diagnosis, including previous settings in which accommodations have been granted. If there is no history of prior accommodations, the qualified professional must explain why current circumstances necessitate accommodations.
- ☐ Include a professionally recognized diagnosis for the category of disability is expected (e.g., International Classification of Diseases, American Psychiatric Association Diagnostic and Statistical Manual of Mental Disorders).
- ☐ Include **specific** recommended accommodations with **a rationale for why each accommodation is needed**.

**Note:** IT IS NOT NECESSARY TO SUBMIT STATISTICAL ASSESSMENTS. FOR ANY SUCH DOCUMENTS PROVIDED, THEY MUST BE VALID, RELIABLE, AND STANDARDIZED FOR ADULT POPULATIONS. TEST PERFORMANCE MUST BE REPORTED IN STANDARD SCORES OR PERCENTILES.

**IT IS VERY IMPORTANT TO SHARE THIS CHECKLIST OF REQUIREMENTS WITH THE QUALIFIED PROFESSIONAL WHO PROVIDES THE REPORT OF YOUR DISABILITY.**