



American Board of Psychiatry and Neurology, Inc.

A Member Board of the American Board of Medical Specialties (ABMS)

Qualifications for Test Accommodations for **Applicants with Disabilities**

Policy for Applicants with Disabilities

It is the commitment and policy of the American Board of Psychiatry & Neurology (the ABPN) 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 ABPN endeavors to administer its public 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 Board recognizes that physicians with disabilities may wish access to the ABPN's certification and/or continuing certification activities and will attempt to make reasonable accommodations for applicants with verified disabilities who follow these policies and procedures. The purpose of accommodations is to provide equal access to obtaining and/or maintaining ABPN certification, **not certification itself**. As such, no individual will be excused from either taking an examination for certification or the steps required to maintain certification. Nor will an individual be granted an accommodation that would compromise the ABPN's ability to assess the skills and knowledge the examination or steps required to maintain certification are designed to measure. The ABPN allows appropriate accommodations in order to best ensure that the results of the examination and/or steps to maintain certification reflect each individual's proficiency in the content areas, rather than reflecting an individual's impaired sensory, manual, cognitive or psychological skills (except where those skills are the factors that the examination or steps to maintain certification purports to measure). While the intent of the use of accommodations is to enable an individual to demonstrate their proficiency in the knowledge being assessed, accommodations are not a guarantee of improved performance, test completion, a passing score or ABPN certification.

Examinations and/or steps to maintain certification administered with accommodations are not identified or flagged to entities receiving verification of certification. Nor does the ABPN report any information to entities verifying certification about the nature of any individual's disability or accommodation requested, given or denied.

Please note that there are specific deadlines for requesting an accommodation to allow for the ABPN to consider the request and, if granted, implement the request in a timely manner. Applicants who request accommodations because of a disability must advise the Board in writing no later than the deadline for submitting applications for examination. All documentation and other evidence substantiating the disability must be submitted to the Board no later than 30 days after the deadline for filing an application for examination. Required documentation includes completion of the Application for Testing Accommodations and appropriate checklists contained herein.

Individuals requesting accommodations must check the box provided on the on-screen Testing Accommodations box when applying online and comply with all requirements regardless of previous requests and/or granted accommodations.

The steps to apply for an accommodation and the documentation requirements under this policy are intended to be limited to the minimum amount of information necessary for the ABPN to determine whether an individual is entitled to the requested accommodation. Documentation requesting reasonable accommodations must identify the nature of the disability, the major life activities affected by the disability, and provide a rationale for the need for the specific

requested accommodations to standard procedures. **All supporting medical documentation is the individual's responsibility and must be prepared, organized, and obtained at the requesting individual's expense.**

All of the following items must be submitted to the Board no later than 30 days after the application deadline regardless of previous requests and/or granted accommodations.

- An Application for Testing Accommodations pdf form,
- All appropriate checklists,
- All documentation, and
- All other evidence substantiating the disability.

Candidates applying for an examination must use their ABPN Physician Portal and must check the on-screen Testing Accommodations box to notify the Board of the accommodations request. On the receipt, candidates will be given a link to the **Application for Testing Accommodations** form to download and print.

Documentation and other evidence substantiating the disability includes but is not limited to each of the following:

- A letter and/or 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, including, but not limited to, hearing, seeing, breathing, performing manual tasks, caring for oneself, and/or learning (reading and writing). The diagnosis must be printed on the qualified professional's letterhead, with the qualified professional's credentials, address, and telephone number. The diagnosis must include the candidate's name, date of birth, and date of evaluation, and it must be signed by the qualified professional.
- A history of the disability, including previous settings in which accommodations have been granted. If there is no history of prior accommodations, the examiner must explain why current circumstances necessitate accommodations.
- Diagnostic information about the specified disability using standard nomenclature from sources such as the International Classification of Diseases (ICD) and the APA's current Diagnostic and Statistical Manual of Mental Disorders.
- Specific recommended accommodations with a rationale for why each accommodation is needed. A description of any functional limitations associated with the disability is helpful to the Board's evaluation of the request.

Review of Documentation

A letter detailing the specific accommodations requested because of a disability must be submitted for each examination and/or reexamination. Documentation should be marked “ADA Materials” and e-mailed to Questions@ABPN.org.

If the Board does not find appropriate and sufficient evidence to grant accommodations, the applicant will be informed and be given a reasonable opportunity to supplement their request with additional information.

Any applicant who is denied accommodations may appeal this decision by submitting the following materials to the attention of the President and CEO at the Board office:

- A written request for a formal appeal of the denial of accommodations
- The applicable appeal fee
- Additional written information in support of the appeal

The appeal materials must be sent together in a single mailing that is postmarked within 30 days of the date indicated on the letter of denial of accommodations. The appeal materials will be sent to the respective Appeals Committee, which will review the materials, deliberate, and make a determination. In all events, the Appeal Committee’s determination is final and binding on both the Board and the applicant.

Examination Format and Testing Accommodations

The American Board of Psychiatry and Neurology, Inc. administers examinations with a computer-administered examination format. The test accommodations may include, but are not limited, to the following:

- Extended testing time
- Braille or large print examination
- Separate examination room
- Qualified reader
- Use of assistive devices

Requirements for Applicants with LEARNING DISABILITIES

The following information is provided to clarify the documentation process for individuals submitting a request for accommodation based on a learning disability or cognitive impairment. **In order to ensure the documentation is sufficient, this documentation process and the requirements herein should be shared with the qualified professional who evaluated the individual and diagnosed a learning disability or cognitive impairment.**

1. **The individualized assessment must be conducted by a qualified professional.** The diagnostician must be a certified psychologist or learning disabilities specialist, with direct experience in working with an adult population, who has made an individualized assessment of the applicant. The diagnostician'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 diagnostician practices should be clearly stated in the documentation.
2. **The individualized 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. Therefore, in most cases, the report should be done within three years of the candidate's request for accommodations.
3. **The individualized assessment must be adequate.** Objective evidence of a substantial limitation in cognition or learning must be provided. A developmental disorder, such as a learning disability, originates in childhood, though it may not have been formally diagnosed, therefore, available information that demonstrates a history of impaired functioning should also be provided. At a minimum, the individualized assessment should include the following:
 - a. A complete cognitive psychoeducational assessment using the Wechsler Adult Intelligence Scale-III, the Kaufman Adolescent and Adult Intelligence Test, the Woodcock-Johnson Cognitive Battery-Revised, as well as other formal and professionally accepted tests that measure information processing and achievement. The test instruments must be statistically valid, reliable, and standardized for adult population. Test performance must be reported in standard scores or percentiles.
 - b. A comprehensive achievement battery in relevant areas such as reading, written language, and mathematics. Informal methods of assessment and analysis that are useful include direct observation, error analysis, and diagnostic teaching.
 - c. Evaluation of information processing skills which include, but are not limited to, short- and long-term memory, auditory processing, motor skills, executive functioning, and phonological awareness skills. Typical instruments include, but are not limited to, Woodcock-Johnson Psycho-Educational Battery-Revised: Tests of Cognitive Abilities, the Detroit Tests of Learning Aptitudes-Adult, and the Wechsler Memory Scales-Revised.
 - d. A history of the candidate's educational performance documenting the nature of school difficulties. Information about learning difficulties in elementary, secondary, and postsecondary settings, as well as documentation of prior diagnosis, accommodations, or classification should be included. The Board recognizes that diagnostic practices vary considerably and prefers to base decisions on as much information as possible. The evaluation must provide evidence of cognitive, information processing, and achievement deficits that relate to the requested test accommodation.

Requirements for Applicants with ATTENTION-DEFICIT/ HYPERACTIVITY DISORDER (ADHD)

In order to ensure the documentation is sufficient, this documentation process and the requirements herein should be shared with the qualified professional who evaluated the individual and diagnosed an ADHD impairment. Documentation submitted to the Board should include the following:

1. **The individualized assessment must be conducted by a qualified professional.** The diagnostician must be trained in the differential diagnosis of ADHD and direct experience in diagnosis and treatment of adults. The diagnostician'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 diagnostician practices should be clearly stated in the documentation.
2. **The individualized 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. Therefore, in most cases, the report should be done within three years of the candidate's request for accommodations.
3. **The individualized assessment must be adequate.** Because ADHD is, by definition, first exhibited in childhood, and in more than one setting, though it may not have been formally diagnosed, available objective and relevant historical information verifying a chronic course of ADHD symptoms from childhood through adolescence to adulthood should be provided. At a minimum, the individualized assessment should include the following:
 - a. The diagnostic evaluation process should be multi-dimensional and include historical, observational, medical, neuropsychological, and educational testing information.
 - b. A description of current functional limitations relative to the requested accommodations must be included.
 - c. A differential diagnosis should be discussed in the report.
 - d. Each test must be listed and results must be reported using standard scores or percentiles.
 - e. Based upon the particular disabilities of the candidate, the report must delineate recommendations with a rationale for treatment (medication and/or behavior modification) and academic accommodations backed up by a rationale for why specified test accommodations are needed.
 - f. Documentation of prior diagnosis, accommodations, or classification should be included.

Application for Testing Accommodations

Indicate: **ADA Materials** in the email subject line or on the envelope and return completed applications, checklists and attachments to:

Questions@ABPN.org

Or, if by mail, to:

President and CEO
American Board of Psychiatry and Neurology, Inc.
7 Parkway North
Deerfield, IL 60015

1. Accommodations are requested for the following examination (check one):

Initial Certification -- Specialty:

☐ Psychiatry certification examination
☐ Neurology certification examination
☐ Child Neurology certification examination

☐ Subspecialty Certification (specify subspecialty): _____

☐ Continuing Certification activity (specify specialty or subspecialty and activity): _____

2. Name

First Name _____ Last Name _____

Title (MD, DO, etc.) _____

3. Contact Information

Address _____ City _____ State _____ Zip _____

Email _____ Telephone _____

4. Last 4 digits of social security number: **xxx-xx** _____

5. Date of birth: _____

6. Nature of disability (Document must include all requirements on checklists A and/or B, and/or C as specified below, as well as the completed checklist):

<input type="checkbox"/> Attention-Deficit/Hyperactivity (A & C)	<input type="checkbox"/> Psychiatric (A)
<input type="checkbox"/> Hearing (A)	<input type="checkbox"/> Visual (A)
<input type="checkbox"/> Learning (A & B)	<input type="checkbox"/> Other (A) please specify: _____
<input type="checkbox"/> Physical (A)	

7. In order to fully evaluate your accommodation request, in addition to the professional documentation indicated in the checklists, **please write a personal statement** describing your disability and its impact on your daily life and professional practice.

Application for Testing Accommodations Continued

8. How long ago was your disability first professionally diagnosed?

- ☐ Less than 1 year
☐ 1 to 2 years
☐ 3 to 4 years
☐ More than 4 years

9. What accommodations are you requesting? (Accommodations must be appropriate to the disability)

10. If you are requesting additional time, please indicate the amount of time supported by your documentation.

☐ Double time ☐ Other (please specify): _____

11. Prior test accommodations you have received:

A. Standardized examinations

☐ Medical College Admission Test (MCAT) Month/Year _____

Accommodations received _____

☐ National Board of Medical Examiners (NBME) Month/Year _____

Accommodations received _____

☐ National Board of Osteopathic Medical Examiners (NBOME) Month/Year _____

Accommodations received _____

☐ Other _____ Month/Year _____

Accommodations received _____

B. Medical School Month/Year _____

Accommodations received _____

C. American Board of Psychiatry and Neurology Month/Year _____

Accommodations received _____

Application for Testing Accommodations Continued

12. I certify that the above information is true and accurate. If test accommodations provided to me include a deviation from the standard testing time schedule, I agree that, from the time I begin the examination until I have completed it, I will not communicate in any way, to the extent possible, with any other individuals taking the examination, and I will not communicate in any way with any such individuals about the content of the examination.

If clarification of further information regarding the documentation provided is needed, I authorize the ABPN to contact the professional(s) who diagnosed the disability and/or those entities which have provided me test accommodations. I authorize such professional(s) and entities to communicate with the ABPN in this regard and to provide the ABPN with such clarification and/or further information.

Signature _____ Date _____

Checklist A: Documentation Requirements for All Disabilities

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 written by a professional appropriately qualified to diagnose/evaluate the disability.
- ___ Be on the qualified professional's letterhead with the professional's credentials, address, and telephone number.
- ___ Include the candidate's name, date of birth, and date of testing, and it must be signed by the qualified professional.
- ___ Identify the applicant's disability and one or more major life activities that the disability substantially limits, including, without limitation, hearing, seeing, breathing, performing manual tasks, caring for oneself, and/or learning (reading and writing).
- ___ Include a history of the disability, including previous settings in which accommodations have been granted. If there is no history of prior accommodations, the examiner must explain why current circumstances necessitate accommodations.
- ___ Include diagnostic information (i.e., 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.

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

Checklist B: Documentation Requirements for Learning Disabilities

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 should include the following:

- ___ A psychoeducational evaluation of the applicant as an adult prepared by a certified psychologist or learning disabilities specialist who has made an individualized assessment of the applicant.
 - ___ A complete cognitive assessment using the Wechsler Adult Intelligence Scale-III, the Kaufman Adolescent and Adult Intelligence Test, the Woodcock-Johnson Cognitive Battery, Revised, as well as other formal and professionally accepted tests that measure information processing and achievement.
 - ___ A comprehensive achievement battery in relevant areas such as reading, written language, and mathematics.
 - ___ An evaluation of information processing skills which include, but are not limited to, short-and long-term memory, auditory processing, motor skills, executive functioning, and phonological awareness skills. Typical instruments include, but are not limited to, the Woodcock-Johnson Psycho-Educational Battery-Revised: Tests of Cognitive Abilities, the Detroit Tests of Learning Aptitudes-Adult, and the Wechsler Memory Scales, Revised.
- Note: The test instruments must be statistically valid, reliable, and standardized for adult populations. Test performance must be reported in standard scores or percentiles.**
- ___ Documentation of prior diagnosis, accommodations, or classification.
 - ___ Documentation of cognitive, information processing, and achievement deficits that relate to the requested accommodations.
 - ___ The report should be done within three years of the candidate's request for accommodations and include a description of current functional limitations relative to the requested accommodations.

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

Checklist C: Documentation Requirements for Attention Deficit/Hyperactivity Disorder

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 should include the following:

- ___ A multidimensional diagnostic evaluation that involves one or more certified professionals (physician, psychologist, neuropsychologist, learning specialist) and that includes historical, observational, medical, neuropsychological testing, and educational testing information.
- ___ The report should be done within three years of the candidate's request for accommodations and include a description of current functional limitations relative to the requested accommodations.
- ___ A discussion of a differential diagnosis should be included.

Note: Each test must be listed and results must be reported in standard scores or percentiles.

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