



Special Accommodations Request Form

To request special accommodations, submit documentation from the medical authority or learning institution that rendered the diagnosis. Verification must be submitted to the ABWM on the letterhead stationery of the authority or specialist and include the following:

- Description of the disability and limitations related to testing
- Recommended accommodation/modification
- Name, title and telephone number of the medical authority or specialty
- Original signature of the medical authority or specialist

Date:

Legal Name:

Address:

Home Telephone:

Work Telephone:

Email Address:

Check any exam accommodations you require (requests must concur with documentation submitted):

Reader (as accommodation for visual impairment or learning disability)
Separate room (lower distraction environment)
Extended time (Indicate 50% or 100%: _____)
Other:

- Complete and email this form, along with supporting documentation to info@abwmcertified.org.
- The ABWM will email you confirmation of approval with instructions for the next step.
- Please contact the ABWM at (202) 457-8408 or info@abwmcertified.org with any questions.

DO NOT SCHEDULE YOUR EXAMINATION UNTIL THIS DOCUMENTATION HAS BEEN RECEIVED AND PROCESSED BY THE ABWM.