

AMERICAN BOARD OF HEALTH PHYSICS (ABHP)
APPLICATION FOR EXAM ACCOMMODATIONS

A disabled candidate who desires a reasonable accommodation for exam-taking has the responsibility to make the request by completing this ABHP Application for Exam Accommodations and providing the specified documentation.

CONSENT:

I wish to apply for exam accommodations due to disability for the American Board of Health Physics Exam. I grant the American Board of Health Physics permission to receive, review and discuss my Application and medical information with professionals involved in the process. I give permission to the ABHP to contact the Qualified Professional who provided the evaluation and recommendation related to my disability and exam accommodations for additional information or clarification as needed.

CANDIDATE'S INFORMATION:

Please provide the following information.

Name:

First Middle Initial Last Previous / Maiden Name

Address:

Street Address

City State Zip / Postal Code Country

Telephone Number: _____

Email Address: _____

Location where you intend to take the examination:

City, State / Country

Identify the disability or disabilities you have been diagnosed with:

CERTIFICATION OF DISABILITY:

I certify that I have the disability or disabilities I have identified in this application and that the functional limitations from my disability impact exam-taking. I certify that a Qualified Professional has conducted a personal assessment to arrive at my diagnosis and the recommendation for accommodations for me to take the ABHP exam.

I request the following exam accommodations that are needed due to my disability. **(You may attach a separate sheet if necessary.)**

DOCUMENTATION REQUIREMENTS:

I understand the ABHP is required to determine the nature of my disability, the functional limitations of the diagnosed disability and the associated need for the requested exam accommodation.

Attached to this application, I have provided the following documentation prepared by a Qualified Professional:

- i. Diagnosis of a disability from an appropriate qualified professional for that particular disability (e.g., medical, psychological) and any relevant medical history or records. The professional diagnosing the disability must have personally assessed the individual and not solely relied on the review of records. (For example, a candidate diagnosed with ADHD may provide a psycho-educational assessment from a clinical psychologist to demonstrate the diagnosis and a written letter from the psychologist describing the information specified below).
- ii. This documentation is prepared by a “Qualified Professional” defined as person who has a license or other credentials in the relevant area of expertise for the candidate’s disability who is able to diagnose, assess the disability and possess knowledge of its symptoms. Examples include licensed professionals such as: a doctor; psychologist or other mental health professionals; physical, occupational or speech therapist; vocational rehabilitation specialist. The Qualified Professional must submit required documentation on official letterhead and identify their credentials/licensure, such as M.D. or Psychologist and provide a method to be contacted (e.g., phone, email).

- iii. Current information that is either within 5 years for permanent disabilities or within 1 year for temporary disabilities or medical conditions. If documentation for a disability is older than 5 years, the Qualified Professional may verify the disability will not change from the date of the report submitted.
- iv. Description of the “functional limitations” flowing from the diagnosed disability, specifically as they would impact the candidate in taking the ABHP exam. The candidate’s limitations are not always obvious from the diagnosis alone.
- v. Description of the specific Accommodations requested for this Candidate and explain why they are needed. The reason for an accommodation is not always evident from the diagnosis and functional limitations.

PAST ACCOMMODATIONS: I also understand that I may provide additional documentation to show prior accommodations that have been granted for standardized or similar high-level exams taken in the past. I understand I may also provide proof of accommodations by submitting a prior Individualized Education Program (IEP) via the Individuals with Disabilities Education Act or a Plan describing services via section 504 of the Rehabilitation Act.

I am a candidate for the ABHP exam and I certify that the information I have provided is accurate.

Candidate Signature: _____ Date: _____

Candidate Name Printed: _____

By ABHP’s deadline for accommodation applications January 15th of the year of the exam, return this completed application and required documentation to:

(By Mail)
Secretariat for American Board of Health Physics
191 Clarksville Road
Princeton Junction, NJ 08550

(By email)
director@aaahp-abhp.org

By Web Portal _____ (documents can be uploaded)

After ABHP’s review of this request, you will receive a letter with ABHP’s specifying awarded accommodations, if any. If ABHP determines additional information is needed, you will receive a letter stating the specific information required. All candidates will receive a determination no later than two weeks prior to the exam.