**ABORM**
**910 Hampshire Road, Suite A**
**Westlake Village, CA 91361**

**SCHOOL CONFIRMATION OF ADA ACCOMMODATION HISTORY FORM**
If you received accommodations during your formal education, please have the appropriate school official complete this form and ensure that it is returned to ABORM before the application deadline for your preferred exam date.

*This section to be completed by the candidate.*
**Application deadline for preferred exam date_____**

**Candidate name_____**

**Address_____**

**Date of birth_____**

**City, State, Zip, Country**
**_____**

**Social Security #_____ Phone_____**

**Fax_____**

**Name and address of school attended for acupuncture/Oriental medicine education:**
**_____**
**_____**

*The following sections are to be completed by the person responsible for disability services.*
*SCHOOL DISABILITY PROFESSIONAL'S CONTACT INFORMATION*
**Name_____**
**Title_____**
**School name and address**
**_____**
**_____**
**City, State, Zip, Country_____**
**Phone_____ Fax_____**
**E-mail_____**

*CANDIDATE'S DISABILITY STATUS*
*Specify type of disability (check all that apply)***:**
Visual_____
Hearing_____
Learning/cognitive disability:
_____
Psychological/psychiatric_____
Physical/medical_____
Other:
_____

***ACCOMMODATIONS HISTORY***
The following accommodations were provided to this candidate while he or she was a student at this institution (check all that apply):
Large-print study materials and/or exams _____
Dates provided:_____
Braille materials_____
Dates provided:_____
Reader_____
Dates provided:_____
Audiocassette_____
Dates provided:_____
Scribe/recorder_____
Dates provided:_____
Sign language interpreter_____
Dates provided:_____
Extended testing time (specify how much)_____
Dates provided:_____
Other accommodations provided:

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Dates provided:_____

***VERIFICATION***

This institution or its disabilities services office has on file (or had on file at the time the accommodations were provided)
documentation or diagnostic data confirming the candidate's disability:
Yes_____ No_____

**I certify that the information provided by me on this form is true and correct to the best of my knowledge. I agree, if requested by ABORM, to send ABORM a copy of the file or other documentation pertinent to establishing the need for these accommodations. I understand that the applicant authorized the release of this information as part of the application process for requesting accommodations.**

Signature_____Date_____

*Return this form to the candidate or mail or fax it to*:

**ABORM**
**910 Hampshire Road, Suite A**
**Westlake Village, CA 91361**