

American Board of Dental Sleep Medicine
ADA Accommodation Request Form

Applicant's Name: _____

Phone: _____

Email: _____

Activity: _____



The ABDSM examination is a secure, computer-based exam comprised of 150 questions. Up to 3 hours are allowed to complete the examination. The ABDSM recognizes that individuals with disabilities may wish to take the examination and will make reasonable accommodations for applicants with verified disabilities. The ABDSM supports the intent of the Americans with Disabilities Act. Applicants are reminded that accommodation can be offered only if they do not fundamentally alter the measurement of skills or knowledge the examination is intended to test.

Accommodation must be requested in writing prior to June 1, 2024. The applicant may be requested to submit appropriate documentation of the disability and a description of previous accommodation granted. If the ABDSM deems it necessary, an independent medical examination may be requested at the expense of the ABDSM.

Describe the accommodation you are requesting:

Please describe the nature of the disability that requires the accommodation:

Describe the accommodations have been granted by other exams for this disability, if applicable:

Attach any supporting documentation that may be helpful in evaluating this request for accommodation.

I authorize the release of information regarding my disability to the ABDSM Board of Directors and staff as deemed necessary to facilitate this request for accommodation, along with the sharing of pertinent information with Kryterion Testing Services to administer said accommodations.

Applicant Signature: _____

Date: _____