



The American Board of Oral & Maxillofacial Radiology

AMERICANS WITH DISABILITIES ACT VERIFICATION FORM

All applicants must read, complete, date and sign this page. Submit the original plus four (4) copies with your application.

1. The language of the certifying examination of the American Board of Oral and Maxillofacial Radiology is English.
2. A candidate who fails any portion of the certifying examination has the right to appeal. This appeal must be submitted, in writing, to the Secretary of the Board within 60 days of postmarked date of notification of failure. This notice must include specific reasons for the appeal. The appeal process will then be communicated to the candidate.
3. The American Board of Oral and Maxillofacial Radiology recognizes that some individuals require special considerations because of a disability. Do you require that any accommodation be made for you to sit for the certifying examination of the American Board of Oral and Maxillofacial Radiology?

NO _____ YES _____

If you answered "YES" to this question, please describe your condition and indicate what accommodations will be required, in the space below. The American Board of Oral and Maxillofacial Radiology will make a reasonable attempt to address this matter. This information will remain confidential and will in no way influence the outcome of your performance on the certifying examination.

Description:

Applicant

Date