



Appendix 4 - Americans with Disabilities Act Verification Form

All applicants must read, complete, sign, date and submit a copy of this page with your application/registration.

1. The candidate acknowledges that the language of the certifying examination of the American Board of Oral and Maxillofacial Radiology is English.
2. 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 (check the appropriate box)?

☐ 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 Signature

Printed Name

Date

