

**THE AMERICAN BOARD OF ORTHOPAEDIC SURGERY  
ALTERNATE DATE PART I EXAMINATION  
POLICY AND PROCEDURE**

The ABOS will provide, upon approved request, an alternative date for the Part I Examinations for certain circumstances beyond the control of the Candidate. This alternative date is available only for those Candidates who are unable to participate in the regularly scheduled Part I Examinations due to a life event including, but not limited to, death in the immediate family, serious injury or illness, military deployment or recent or impending childbirth. **NO ALTERNATIVE DATE WILL BE OFFERED TO ACCOMMODATE UNAVAILABILITY DUE TO VACATION OR TRAVEL.** There will only be one alternative date each year. If a Candidate cannot participate in either the regularly scheduled Part I Examination or the alternative date, the Candidate will be required to take the Part I Examination the next year, assuming that the Candidate remains eligible to take the Part I Examination that year.

To request to test on the Alternate Date, Candidates should complete the form below. The request for the alternative date, along with the required supporting documentation, must be submitted by the deadline stated on the request form. The ABOS reserves the right to request additional documentation. ABOS has the sole discretion to determine whether a Candidate qualifies for the alternative date. Receipt of the form and required documentation will be acknowledged by the ABOS.

**Procedure to request the Alternate Date:**

1. The Candidate must submit a completed Alternate Date Request Form (below) and the required documentation by March 1, 2025.
2. The documentation must include:
  - A letter from a treating physician or provider with his or her name, title, credentials, and area of specialization of the professional providing treatment that provides details as to why the Candidate should not be present for the examination on the original date; or,
  - A letter from a commanding officer with his or her name, title, and credentials that provides details as to why the Candidate cannot be present for the examination on the original date.
3. The documentation must be from the current year in which the Candidate is requesting the Alternate Date.
4. As designated on the form, the Candidate must authorize the disclosure of the submitted documentation for the sole purpose of reviewing the request.
5. If the applicant's documentation is incomplete or insufficient, notice will be given to the Candidate.

### **Confidentiality of Required Documentation**

Submitted documentation will be kept confidential and will be disclosed only to authorized ABOS staff or consultants for the sole purpose of evaluating the alternate date request.

### **Review of Alternate Date Request Form**

The ABOS will review the request only after receiving all of the required documentation. Each request will be considered on its own merit relative to the documentation received regarding the request.

### **Notification of Determination**

The ABOS will notify the Candidate in writing if the request has been approved. If the request is denied, the letter will state the reason for the denial.

### **Part 1 Examination Alternate Date Request Form**

#### Section 1-Applicant Information

Name:

(Last)

(First)

(Middle)

Current Street Address:

City:

State:

Zip code:

Phone number:

Alternate phone number:

Email address:

Date of birth:

(month) (day) (year)

#### Section II-Information about Your Request to Test on an Alternate Date

Describe the life event you are experiencing and why these circumstances would prevent you from testing on the original date.

Section III-Documentation

Please attach the required documentation as detailed above.

Section IV-Candidate Affirmation

My signature on this form affirms that the information I have provided on this request is true and accurate. I have truthfully represented my current life event and how it impacts my ability to be present for the examination on the original date.

Section V-Authorization for Release of Information

If clarification of further information regarding the documentation provided is needed, I authorize, the ABOS to contact the professional, provider, officer, official, or entity who provided documentation as to my life event. I authorize such professional(s) and entities to communicate with the ABOS in this regard to provide the ABOS with such clarification and/or further information.

Candidate Signature

Date