

FOR THOSE REQUESTING SPECIAL ACCOMMODATION
FOR A DISABILITY ONLY

Verification and Authorization to Release Information

I,

(print your name)

hereby agree to provide to the American Board of Internal Medicine (ABIM) all required documentation in connection with my request for accommodation of my stated disability.

I declare and verify under penalty of perjury that all information provided by me to the ABIM or to others evaluating my disability is true to the best of my knowledge and belief.

I understand and agree that the ABIM has requested this documentation for use in evaluating the existence and nature of my disability and the need for the requested accommodation. I further understand and agree that the ABIM may provide this documentation to qualified professionals in connection with an independent review of my request for accommodation.

I agree that the ABIM and/or its outside experts may directly contact any of the professionals or other persons who have provided information pertaining to my disability to obtain further information, clarification, or documents.

I authorize those individuals to disclose such information concerning their evaluation.

Candidate's Signature

Date