



ABIM Request for New Pregnancy Accommodations

See [Comfort aids that do not require pre-approval](#).

For other requests, see [New Accommodations Request Form](#).

Note: Candidates must register for the exam prior to requesting accommodations.

Section A: Personal Information **Please complete the following information:**

First name:

Last name:

ABIM ID number:

Current phone number:

Current email address:

Section B: Exam Information **Title of exam (Internal Medicine or subspecialty) you are currently registered for:**

Check the corresponding box to indicate which exam type you are currently registered for:

Initial Certification

Maintenance of Certification (MOC)

Other

Section C: Accommodations Requested **Please specify which accommodations you are requesting:**

**Section D:
Confirmation**

Please check boxes below to verify you have:

Completed the Personal Information section of this form

Registered for your exam

Attached supporting documentation from your treating physician to this form

ABIM pregnancy accommodation requests and supporting documentation must be submitted by the registration deadline to: accommodations@abim.org.

Note: Additional details regarding accommodations and submission deadlines are available on ABIM's website in the [Certification section](#) and [MOC section](#).