

ECFVG Test Accommodation Request Form for the Clinical Proficiency Examination (CPE)

In addition to this Request Form, you must provide complete supporting documentation from a qualified professional verifying your disability. The ECFVG will acknowledge receipt of your request and reserves the right to request additional documentation. **Submission of incomplete information will slow the processing of your request.** Mail your completed ECFVG Test Accommodation Request Form and supporting documentation to: AVMA/ECFVG, Attn. Testing Coordinator, 1931 N. Meacham Rd., Suite 100, Schaumburg, IL 60173-4360.

Please type or print.

Accommodations are requested for the following section(s) of the CPE examination:

- | | | |
|-------------------------------------|---|--|
| <input type="checkbox"/> Anesthesia | <input type="checkbox"/> Equine Practice | <input type="checkbox"/> Food Animal Practice |
| <input type="checkbox"/> Necropsy | <input type="checkbox"/> Radiographic Positioning | <input type="checkbox"/> Small Animal Medicine |
| <input type="checkbox"/> Surgery | | |

1. Name: _____

2. ECFVG Registration #: _____

3. Social Security #: _____

4. Gender: Male Female

5. Date of Birth: _____

6. Address: _____

Number

Street

City

State/Province

Zip Code

Country

Daytime Telephone

Mobile Telephone

E-mail address

7. Veterinary School Attended/Graduated: _____

8. Nature of Disability:

- | | |
|--|---|
| <input type="checkbox"/> Hearing Disability | <input type="checkbox"/> Psychiatric Disability |
| <input type="checkbox"/> Learning Disability | <input type="checkbox"/> Visual Disability |
| <input type="checkbox"/> Physical Disability | <input type="checkbox"/> Other _____ |

9. In order to document your need for accommodation(s) as completely as possible, please attach, in addition to professional documentation, a personal statement describing your disability and its impact on your daily life and your functioning in a clinical veterinary setting.

10. How long ago was your disability first professionally diagnosed?

- less than 1 year 1-2 years 2-4 years 5 or more years

11. What accommodation(s) are you requesting?

CPE Section _____ Accommodation(s) _____

CPE Section _____ Accommodation(s) _____

CPE Section _____ Accommodation(s) _____

CPE Section _____ Accommodation(s) _____

CPE Section _____ Accommodation(s) _____

CPE Section _____ Accommodation(s) _____

CPE Section _____ Accommodation(s) _____

12. Do you require wheelchair access at the examination facility?

- Yes No

13. Prior classroom or test accommodation(s) that you have received:

Standardized Examinations (Check all that apply)

- Graduate Record Examination (GRE)

Month/Year _____

Accommodation(s) received _____

- GRE Biology Subject Test

Month/Year _____

Accommodation(s) received _____

- Medical College Admission Test (MCAT)

Month/Year _____

Accommodation(s) received _____

Other _____

Month/Year _____

Accommodation(s) received _____

Education Institutions (Check all that apply)

Veterinary School

Accommodation(s) received _____

The veterinary school should complete and submit the attached Certification of Prior Test Accommodations.

College

If yes, accommodation(s) received: _____

Secondary or elementary school

If yes, accommodation(s) received: _____

15. Authorization:

I hereby authorize the evaluation and validation of my request for accommodation in accordance with the policies and procedures of the AVMA Educational Commission for Foreign Veterinary Graduates (ECFVG). In furtherance of my request, I authorize any individual, institution, or organization who may have information they deem relevant to provide such information to the ECFVG.

I hereby waive any claim for damages, or otherwise, that I may have against any individual, institution, or organization that supplies information with respect to my request, and the AVMA, its officers, directors, members, employees, and agents by reason of any act of omission or commission that they, or any of them, may take in good faith in connection with this request.

Signature _____

Date _____

Certification of Prior Test Accommodations

To be completed by a veterinary school official responsible for student disability services.

Please type or print.

Applicant Name: _____

ECFVG Registration #: _____

I, _____, hold the position of _____.

Name Title

I certify that _____ has officially approved and provided

Name of Institution

the following test accommodations for the above applicant beginning on _____.

Date (Month/Year)

Accommodation(s) provided: _____

Reason for provision of accommodation(s): _____

Signature _____ Date _____

Telephone Number _____