

## ECFVG Request for Subsequent (Retake) Test Accommodations for the Basic and Clinical Sciences Examination (BCSE)

Mail your completed Request Form to: AVMA/ECFVG, 1931 N. Meacham Rd., Suite 100, Schaumburg, IL 60173-4360.

- I have received test accommodations for a prior BCSE and am requesting the previously provided accommodations. (**Submitting this form constitutes your official notification.** Arrangements for accommodations will be made once your BCSE application is processed.)
- I require different accommodations than those previously provided, due to a change in the nature or extent of my disability.

**If there has been a change in the nature or extent of your disability, please fill out and submit the BCSE Accommodations Request Form and attach documentation supporting the change in accommodation(s).**

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**Please type or print.**

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

Email Address

Signature \_\_\_\_\_ Date \_\_\_\_\_