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:

- [ ] Anesthesia
- [ ] Equine Practice
- [ ] Food Animal Practice
- [ ] Necropsy
- [ ] Radiographic Positioning
- [ ] Small Animal Medicine
- [ ] 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:
   - [ ] Hearing Disability
   - [ ] Psychiatric Disability
   - [ ] Learning Disability
   - [ ] Visual Disability
   - [ ] Physical Disability
   - [ ] 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)__________________________________________________________

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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 ____________________________