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  
- [ ] Necropsy  
- [ ] Surgery  
- [ ] Equine Practice  
- [ ] Radiographic Positioning  
- [ ] Food Animal Practice  
- [ ] Small Animal Medicine

1. Name: _______

2. ECFVG Registration #: _____________________________

3. Gender: [ ] Male  [ ] Female

4. Date of Birth: _____________________________

5. Address: ______________________________________________________

   Number  Street

   City  State/Province  Zip Code

   Country  Daytime Telephone

   Mobile Telephone  E-mail address

6. Veterinary School Attended/Graduated: _____________________________

7. Nature of Disability:

   [ ] Hearing Disability  [ ] Psychiatric Disability
   [ ] Learning Disability  [ ] Visual Disability
   [ ] Physical Disability  [ ] Other ____________________________________________
8. 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.

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

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

10. 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)________________________________________

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

☐ Yes  ☐ No

12. 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 ___________________________