

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).

Please type or print.

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 Email Address

Signature _____ Date _____