Basic and Clinical Sciences Examination (BCSE) 
Accommodations Request Form

Please type or print.

1. Name: ________

2. Today’s Date: ___________________________

3. ECFVG Registration #: ___________________________

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: ___________________________

9. Nature of Disability:

□ Hearing Disability       □ Psychiatric Disability
□ Learning Disability     □ Visual Disability
□ Physical Disability     □ Other ___________________________

10. 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.

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

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

12. What accommodation(s) are you requesting for the BCSE?

Please list: ____________________________

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

□ Yes □ No

14. 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 must complete and submit the attached Certification of Prior Test Accommodations on page 4 of this request form.

☐ College

Accommodation(s) received: ____________________________

☐ Secondary or elementary school

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 ________________________________