

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 _____