Basic and Clinical Sciences Examination (BCSE) Accommodations Request Form

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.** Send your completed ECFVG Test Accommodation Request Form and supporting documentation to the ECFVG by email at ECFVG@AVMA.org or via a traceable or return-receipt method to the address at: AVMA/ECFVG, Attn. Testing Coordinator, 1931 N. Meacham Rd., Suite 100, Schaumburg, IL 60173-4360.

If the medical professional's assessment was performed more than 12 months prior to submission, you must submit supplemental documentation from a treating medical professional who has examined you within the past 12 months, unless the prior documentation attests that no improvement in your disability or medical condition can occur. The supplemental documentation must attest that the earlier assessment remains unchanged or identify any changes and whether they impact the request for testing accommodations.

1.	Name:			
2.	Today's Date:			
3.	ECFVG ID#:			
4.	Gender:	Male	Female	
5.	Date of Birth:			(Month/Day/Year)
6.	Mobile Phone#:			
7.	Daytime Phone#:			
8.	Email Address:			
9.	Current Address*:			
		(Ente	r your full addr	ess in the space provided)
10.	Country:			
Candidate must update contact information on the ECFVG login page to be consistent.				

APAC – East Asia, South Asia, Southeast Asia, and Oceania

ECFVG Login Page: https://ecfvg.avma.org/ecfvg/ecfvglogin.aspx

11. Select Test Region (information requested by Prometric):

Please type or print.

	Canada	– Canada				
	India –	India				
	USA – N	North and South	America			
12.	Veterinary Scho	ool Attended/Gr	aduated:			
13.	Nature of Disab	ility:				
	Physical Disabili	itv	Learning Disabi	lity	Visual Disability	,
	Hearing Disabili	•	Psychiatric Disa	•	Other:	
email fi disabili order to If you re	rom a qualified p ty and its impac o make your req eceived testing a	orofessional ver t on your daily l uest as comple accommodatior	ns during veterin	oility and a perso functioning in a ary school, the v	onal statement o clinical veterinal veterinary schoo	describing your ry setting in I must
request	t form by email t	ECFVG@AVIV	of Prior Test Acc IA.org or by post	. The ECFVG wil	I not accept the	Certification of
Prior Te	est Accommodat	tions Form with	respect to the v	eterinary schoo	l from the candi	date.
14.	How long ago w	as your disabilit	ty professionally	diagnosed?		
	Less than 1 year	r	1-2 years	2-4 yea	rs	5 or more years
15.	What accommo information wh		ou requesting for	the BCSE? Pleas	e list and attach	additional
16.	Do you require	wheelchair acce	ess to the examin	ation facility?		
	Yes	No				
17.	Prior classroom	or test accomm	nodation(s) that y	ou have receive	ed:	
Note: I	f the following s	spaces for accor	nmodations rec	eived aren't of s	sufficient size, pl	ease attach any

additional information to the submission email. Please reference the question number(s) as needed.

EMEA - European Mainland Middle East Africa

Last updated: 08/16/2021

Standardized Examinations (Check all that apply) Month/Year: Graduate Record Examination (GRE) Accommodation(s) received: Month/Year: **GRE Biology Subject Test** 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:

Reminder: If you received testing accommodations during veterinary school, the veterinary school must complete and submit the <u>Certification of Prior Test Accommodations Form</u> on the last page of this request form by email to <u>ECFVG@AVMA.org</u> or by post. The ECFVG will not accept the <u>Certification of Prior Test Accommodations Form</u> with respect to the veterinary school from the candidate.

Last updated: 08/16/2021

College	
Accommodation(s) received:	
Secondary or Elementary School	
Accommodation(s) received:	
18. Authorization:	
I hereby authorize the evaluation and validation of my request accordance with the policies and procedures of the AVMA Educ Veterinary Graduates (ECFVG). In furtherance of my request, I a institution, or organization who may have information they decinformation to the ECFVG.	cational Commission for Foreign authorize any individual,
I hereby waive any claim for damages, or otherwise, that I may institution, or organization that supplies information with respectits officers, directors, members, employees, and agents by reas commission that they, or any of them, may take in good faith in	ect to my request, and the AVMA, on of any act of omission or
Signature:	Date:
	(Month/Day/Year)
By typing your name above, you are signing this authorization f your electronic signature is the legal equivalent of your manual	•

Please note that once you click the "submit" button, you will be taken to an email message with an attached PDF document of your completed and electronically-signed testing accommodation request form. Please attach support documentation in the email from a qualified professional verifying your disability and a personal statement describing your disability and its impact on your daily life and on your functioning in a clinical veterinary setting in order to make your request as completely as possible. Thank you.

Certification of Prior Test Accommodations Form

Must be completed and sent directly by a veterinary school official responsible for student disability services. The form can be sent by email to the ECFVG@AVMA.org or by post.

Please type or print.				
Applicants Name:				
ECFVG Registration #:				
I,	, hold the position of .			
Name	Title			
I certify that	has officially approved and provided			
Na	ame of Institution			
the following test accommodation:	s for the above applicant beginning on			
	Date (Month/Year)			
Accommodation(s) provided:				
Reasons for provision of accommo	dation(s):			
Signature:	Date:			
D . I. alan an a	(Month/Day/Year)			
	e signing this authorization form electronically. You agree that your sivalent of your manual signature on this form.			
Telephone Number:				
Email Address:				

Last updated: 08/16/2021