

EMEA - European Mainland Middle East Africa

Canada – Canada

India – India

USA – North and South America

12. Veterinary School Attended/Graduated:

13. Nature of Disability:

Physical Disability

Learning Disability

Visual Disability

Hearing Disability

Psychiatric Disability

Other:

In addition to the BCSE Accommodations 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.

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

14. How long ago was your disability professionally diagnosed?

Less than 1 year

1-2 years

2-4 years

5 or more years

15. What accommodation(s) are you requesting for the BCSE? Please list and attach additional information when applicable.

16. Do you require wheelchair access to the examination facility?

Yes

No

17. Prior classroom or test accommodation(s) that you have received:

Note: If the following spaces for accommodations received aren't of sufficient size, please attach any additional information to the submission email. Please reference the question number(s) as needed.

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:

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

College

Accommodation(s) received:

Secondary or Elementary School

Accommodation(s) received:

18. 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:

(Month/Day/Year)

By typing your name above, you are signing this authorization form electronically. You agree that your electronic signature is the legal equivalent of your manual signature on this form.

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
Name of Institution

the following test accommodations for the above applicant beginning on _____
Date (Month/Year)

Accommodation(s) provided:

Reasons for provision of accommodation(s):

Signature: _____ Date: _____
(Month/Day/Year)

By typing your name above, you are signing this authorization form electronically. You agree that your electronic signature is the legal equivalent of your manual signature on this form.

Telephone Number:

Email Address: