



American Association of Veterinary State Boards  
Veterinary Technician National Examination  
Application for Special Accommodations



## Overview

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The American Association of Veterinary State Boards (AAVSB) is committed to the principle of testing individuals in a manner that will yield valid and reliable examination results. In some instances, the examination administration procedures may need to be modified to provide reasonable accommodations for Veterinary Technician National Examination (VTNE) candidates with disabilities.

The AAVSB Board of Directors reviews and approves all special accommodation requests for those jurisdictions for which AAVSB determines eligibility. The Special Accommodations Application provides the necessary information for the AAVSB Board of Directors to determine:

1. whether a VTNE candidate is a qualified disabled individual under U.S. or Canadian federal law, and
2. whether the accommodation being requested is reasonable. Consideration of all requests will be made under applicable laws, including the Americans with Disabilities Act Amendment Act of 2008, the Canadian Employment Equity Act, the Canadian Human Rights Code and the Ontario Human Rights Code.

A submitted Special Accommodations Application will remain on file with AAVSB. A previously approved special accommodations request will be reviewed by the AAVSB Board of Directors for any subsequent examinations provided the candidate makes a request through the online VTNE examination application.

Applications will not be returned to the applicant.

## Instructions

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VTNE Candidates must follow the instructions below to complete the Special Accommodations Application. Completed Special Accommodations application and required supporting documents are to be received and at the AAVSB office by the VTNE online application and documents deadline of the selected examination window. **Please refer to the AAVSB website for posted deadlines.**

1. **Complete the online VTNE examination application** at [www.aavsb.org](http://www.aavsb.org) no later than the posted deadline. In the application, indicate “yes” that special accommodations are being requested.
2. Complete **Section I** of the Special Accommodations Application. A Social Security number is not required, but the last four digits will assist in identifying and matching the Special Accommodation form to the submitted VTNE online application. (Section I is to be mailed directly to the AAVSB. The AAVSB recommends to scan and email Section I to [vettech@aavsb.org](mailto:vettech@aavsb.org) prior to mailing.)
3. Request health care practitioner or other appropriate professional to complete **Section II** of the application. (Section II can be mailed directly to the AAVSB and initially scanned/emailed to [vettech@aavsb.org](mailto:vettech@aavsb.org).)
4. **Submit copies of supporting documentation for the special accommodations request.** (Documentation can be scanned and emailed by candidate or college to [vettech@aavsb.org](mailto:vettech@aavsb.org) as applicable):

**Diagnostic reports**  
**IEP**  
**504 Plan**  
**College accommodation form**

**Keep a copy of the completed Special Accommodations application and supporting documentation for your records.**

5. **Mail completed Sections I and II with all supporting documentation, to be received no later than VTNE online application and documents deadline to the following address:**

AAVSB  
Director of Examinations  
380 West 22<sup>nd</sup> Street, Suite 101  
Kansas City, MO 64108

For questions, contact the VTNE program at [vettech@aavsb.org](mailto:vettech@aavsb.org) or call 1-877-698-8482 during business hours.

Candidates needing special accommodations who cannot use the VTNE online application should email [vettech@aavsb.org](mailto:vettech@aavsb.org) or call 1-877-698-8482 to make other arrangements for submitting an application.

**Please visit the AAVSB website at [www.aavsb.org](http://www.aavsb.org) for application and deadline information.**



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**Section I – To Be Completed by VTNE Candidate**

Name \_\_\_\_\_  
Last First M.I.

SSN# xxx - xx - \_\_\_\_\_  
 Optional (last 4 digits)

Address \_\_\_\_\_

Birth Date \_\_\_\_ - \_\_\_\_ - \_\_\_\_

City, State Zip code \_\_\_\_\_

Specific Exam Administration  
 (month/year) for which you are  
 applying: (Mar/Apr, Jul/Aug, Nov/Dec)

Daytime Phone Number \_\_\_\_\_

Evening Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

**Major life activity impaired  
 by disabling condition:**

\_\_\_\_\_

**Accommodations requested by VTNE Candidate:** \_\_\_\_\_

Name of physician(s) or other health practitioner(s):

(a) Name \_\_\_\_\_

Office Address \_\_\_\_\_  
Street City State Zipcode

Length of time as patient \_\_\_\_\_

(b) Name \_\_\_\_\_

Office Address \_\_\_\_\_  
Street City State Zipcode

Length of time as patient \_\_\_\_\_

**Release**

I authorize each health care practitioner above to release to the American Association of Veterinary State Boards (AAVSB), or their designated representatives, information which will verify the current functional limitations imposed by my disability which affect my ability to perform under standard testing conditions; and describe the nature of the examination accommodation(s) being proposed and the rationale for those accommodation(s). I further understand that I may be asked to provide additional information about my functional limitation(s) and the requested accommodations and agree to cooperate with reasonable requests for such additional information.

I understand and agree that the information obtained by this authorization will be used solely for the purpose of determining my eligibility for reasonable accommodations in regard to take the Veterinary Technician National Examination (VTNE) and the nature and extent of the accommodations which are reasonably necessary by reason of my disability. The information obtained by this authorization will not be released or disclosed to any person or organization except the referenced parties, and any other governmental agency that may be involved in acting upon my request for reasonable accommodations in connection with taking the VTNE as a requirement for veterinary technician credentialing.

I agree that this authorization shall be valid until canceled or revoked in writing by me.

Under penalties of perjury, I declare that the foregoing statements and those in any required accompanying documents or statements are true. I understand that false information may be cause for denial or loss of a license. I hereby certify that I personally completed this application and that I may be asked to verify the above information at any time.

Signature \_\_\_\_\_

Date \_\_\_\_\_



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**Section II – To be Completed by Physician/Health Care Practitioner**

Each physician or health care practitioner providing services to the VTNE Candidate should complete one copy of this form.

Practitioner Name \_\_\_\_\_  
 Last First M.I.

Office Address \_\_\_\_\_  
 Street City State Zipcode

Telephone Number \_\_\_\_\_

Patient's Name \_\_\_\_\_

Patient's Address \_\_\_\_\_  
 Street City State Zipcode

Patient's SSN# XXX - XX - \_\_\_\_\_  
 Optional (last 4 digits)

Date patient first seen (month/year) \_\_\_\_\_ Date patient last seen (month/year) \_\_\_\_\_

1. Diagnosis and description of disabling condition (Please provide any other necessary information including codes and tests administered to determine condition): \_\_\_\_\_  
 \_\_\_\_\_

2. Date of onset \_\_\_\_\_

3. Major life activity(ies) limited by disabling condition \_\_\_\_\_  
 \_\_\_\_\_

4. Previous accommodations granted and when \_\_\_\_\_  
 \_\_\_\_\_

5. Accommodation(s) requested in this testing situation \_\_\_\_\_  
 \_\_\_\_\_

I hereby certify that the above information is true and is released pursuant to authorization by my patient.

Signature of Health Care Practitioner \_\_\_\_\_

Professional Status \_\_\_\_\_  
 Physician, Psychologist, etc.

License Number (If Applicable) \_\_\_\_\_

Date \_\_\_\_\_  
 Month Day Year

**\*Please include additional supporting documents i.e., Diagnostic reports**