
Guidelines and Instructions

Application for Accommodations AAVSB Accommodations Form (2018) North American Veterinary Licensing Examination (NAVLE®)

The following guidelines are designed to ensure equitable and fair treatment for candidates with documented need for reasonable accommodations in taking the North American Veterinary Licensing Examination (NAVLE®).

Reasonable accommodations are made for candidates whose disabilities will otherwise place them at an unfair disadvantage in the examination. Accommodations are considered only to the extent necessary to give candidates with disabilities a fair and equal opportunity to demonstrate their mastery of skills and attainment of knowledge in the examination.

The Americans with Disabilities Act (ADAAA2008) defines a person with a disability as “any person who (a) have a physical or mental impairment which substantially limits one or more of such person’s major life activities, (b) has a record of such impairments, or (c) is regarded as having such an impairment.”

Individuals meeting the above definition may be considered disabled and eligible for reasonable accommodations on the NAVLE. A temporary disability (e.g, a broken arm) is not considered a disabling condition under the ADA. Nevertheless, candidates having a temporary disability that may hinder their test performance may request a courtesy adjustment for the examination.

The Accommodations Form (2018) is to help the AAVSB and ICVA determine (1) whether you are a qualified disabled individual under federal law and (2) whether the accommodation you are requesting is reasonable. Consideration of all requests will be made under applicable laws, including the Americans with Disabilities Act.

Instructions

CA NAVLE candidates must follow the instructions below to complete the Accommodations Form (2018). The NAVLE is offered through the International Council for Veterinary Assessment (ICVA). This form must be submitted to the AAVSB before the ICVA can make a recommendation on any examination accommodations requested. Completed Accommodations Form (2018) and required supporting documents are to be received and at the AAVSB office by the VEER online application and documents deadline of the selected examination window. **Please refer to the AAVSB website for posted deadlines.**

1. **Complete the Veterinary Examination Eligibility Review (VEER) online application for CA NAVLE candidates at www.aavsb.org** no later than the posted deadline. In the application, indicate “yes” that accommodations are being requested.
2. Complete **Section I** of the Accommodations Application. A Social Security number is not required, but the last four digits will assist in identifying and matching the Accommodation form to the submitted NAVLE Eligibility Review online application.
3. **Section I** is to be mailed directly to the AAVSB. The AAVSB recommends to scan and email Section I to veer@aavsb.org prior to mailing the form.
4. Request health care practitioner or other qualified professional to complete **Section II** of the application. (Section II can be mailed directly to the AAVSB and initially scanned/emailed to veer@aavsb.org.)
5. **Submit copies of supporting documentation for the accommodations request.** (Documentation can be scanned and emailed by the candidate, college or health care practitioner or qualified professional to veer@aavsb.org as applicable):
 - Diagnostic reports from health care practitioner or qualified professional**
 - IEP**
 - 504 Plan**
 - College accommodation form, accommodations verification letter from SAT, ACT, GRE, etc.**

If no prior accommodations have been provided, the report should include an explanation as to why no accommodations were given in the past and why accommodations are needed now.

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

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

AAVSB
VEER Program
Director of Examinations
380 West 22nd Street, Suite 101
Kansas City, MO 64108

For questions, contact the VEER program at veer@aavsb.org or call 1-877-698-8482 during business hours.

Please visit the AAVSB website at www.aavsb.org for application and deadline information.

North American Veterinary Licensing Examination (NAVLE) AAVSB Accommodations Form (2018)

Section I

Name _____
Last First M.I.

SSN# xxx-xx-_____
Optional (last 4 digits) _____

Birth Date ____-____-____

Address _____

Daytime Phone Number _____

Evening Phone Number _____

Specific Exam Administration
(month/year) for which you are
applying: (Spring (Apr) or Fall
(Nov/Dec)

Major life activity impaired by disabling condition:

Accommodations requested by applicant _____

Health Care Practitioners or Qualified Professional:

(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 including the International Council for Veterinary Assessment (ICVA), 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 the veterinary licensure process 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 the veterinary licensure process.

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 _____

**North American Veterinary Licensing Examination (NAVLE)
AAVSB Accommodations Form (2018)
Practitioner's Statement**

(A copy of this form must be completed by each health care practitioner and qualified professional providing services to the patient.)

Section II

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 _____ Date patient last seen _____

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**