



American Association of Veterinary State Boards

PAVE Qualifying Science Examination Application for Special Accommodations



Overview

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 PAVE Qualifying Science Examination candidates with disabilities.

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

1. whether a PAVE 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 PAVE examination application.

Applications will not be returned to the applicant.

Instructions

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

1. **Complete the online PAVE Qualifying Science examination application** at 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 PAVE application. (Section I is to be mailed directly to the AAVSB. The AAVSB recommends to scan and email Section I to pave@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 pave@aavsb.org.)
4. **Submit copies of supporting documentation for the special accommodation request.** (Documentation can be scanned and emailed by candidate or college to pave@aavsb.org as applicable):
 - Diagnostic reports**
 - IEPs**
 - 504 Plans**
 - College accommodation forms**

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 PAVE application and documents deadline to the following address:**

PAVE
AAVSB
380 West 22nd Street
Suite 101
Kansas City, MO 64108

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

Candidates needing special accommodations who cannot use the online application should email pave@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 for examination application and deadline information.



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Section I – To Be Completed by PAVE Candidate

Name _____
Last First M.I.

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

Address _____

Birth Date ____ - ____ - ____

City, State Zip code _____

Exam (month/day/year) for which
you are applying:

Daytime Phone Number _____

Evening Phone Number _____

Email Address _____

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

Accommodations requested by PAVE 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 taking the PAVE's Qualifying Science Examination (QSE) 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 QSE as part of the PAVE program.

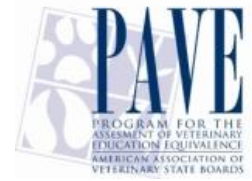
I agree that this authorization shall be valid until canceled or revoked in writing by me.

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 PAVE 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 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