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**FORM 1: REQUEST FOR TEST ACCOMODATIONS UNDER THE AMERICANS WITH DISABILITES ACT (ADA)**

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| *Note: Candidates must include this completed Request for Test Accommodation form (Form 1) along with a completed Verification and Release form (Form 2) and all required supporting documentation* on or before the registration deadline of the exam for which the candidate is applying. |

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| **Section A:**  **Personal Information** | **Complete the following information:** |
|  | First name: Click or tap here to enter text. |
|  | Last name: Click or tap here to enter text. |
|  | Current phone number: Click or tap here to enter text. |
|  | Current email address: Click or tap here to enter text. |
|  | Mailing address: Click or tap here to enter text. |
| **Section B:**  **Accommodations Requested** | **List and describe all accommodations you are requesting and for what ACVIM Examination:** |
|  | Extra Time (explain):  Click or tap here to enter text. |
|  | Other (explain):  Click or tap here to enter text. |
|  | What ACVIM Exam are you requesting accommodations for? (name(s) of exam(s) and year)  Click or tap here to enter text. |
|  | If you have previously requested accommodations for an ACVIM exam, list the accommodation, exam(s) and year(s) in which they were requested and if approved or denied.  Click or tap here to enter text. |
| **Section C:**  **Personal Statement** | **Describe the following:** |
|  | What is the nature of your impairment and when was it first identified or diagnosed? |
|  | Click or tap here to enter text. |
|  | When was it last evaluated and/or treated and the identity of the professional who evaluated and/or treated the condition? |
|  | Click or tap here to enter text. |
|  | Provide a description of how your impairment is accommodated in your daily life? |
|  | Click or tap here to enter text. |
| **Section D:**  **Educational History** | **Describe the following:** |
|  | What is the impact that the disability has had in academic and vocational settings? |
|  | Click or tap here to enter text. |
|  | List the name, location and dates of all schools attended from high school to the present: |
|  | Click or tap here to enter text. |
|  | Were any special education services provided by your school? If so, list the grades for which they were provided. |
|  | Click or tap here to enter text. |
|  | Have you ever received an individualized education plan (IEP)? If yes, what were the grades for which it was in effect? |
|  | Click or tap here to enter text. |
|  | List, and where applicable, attach documentation of approvals for past accommodations you have received for the stated impairment in the course of taking other standardized tests in an academic setting, including a description of the accommodation and the documentation submitted with that request. |
|  | Click or tap here to enter text. |
|  | If you have received no previous accommodations, provide an explanation for why no accommodations have been requested in the past and why accommodations are necessary now. |
|  | Click or tap here to enter text. |
|  | Have you previously sought an accommodation for this impairment that was denied? If so, explain the circumstances. |
|  | Click or tap here to enter text. |
| **Section E: Confirmation** | **Complete the Applicant Checklist:** |
|  | Completed sections A-D of this form |
|  | Attached applicable documentation as detailed in this form |
|  | Attached applicable documentation of your educational history |
|  | Attached a signed Verification and Release Form |
|  | Attached a professional report or letter from your treating physician confirming the presence, nature and extent of your impairment and the need for specific accommodation |
|  | Attached a comprehensive neuropsychological or psychoeducational evaluation |