



# Exam 960 Disability Accommodation Request Form

## SPECIAL ACCOMMODATIONS FOR THE AVDC CERTIFYING EXAMINATION

### AVDC Policy and Request Form

The American Veterinary Dental College (AVDC) complies with the Americans with Disabilities Act of 1990 and subsequent amendments. To ensure equal opportunities for all qualified persons, the AVDC will make reasonable examination accommodations for candidates when appropriate.

If you require special accommodations related to a disability in order to take one or more parts of the AVDC examination, complete this form and return it to the AVDC Executive Director at least **three months** prior to the scheduled date of the examination.

The purpose of accommodations during an examination is to ensure, in a reasonable manner, that the “examination results accurately reflect the individual’s aptitude or achievement level or whatever other factor the examination purports to measure, rather than reflecting the individual’s impaired sensory, manual or speaking skills, except where those skills are the factors the examination purports to measure”.

Complete the items in the colored boxes. The size of the boxes will expand as necessary as entries are made.

First name:	Last name:	MI:
E-mail address:		Telephone number:
Anticipated Examination Date:		
Have you previously taken the AVDC Certifying Examination?		<input type="checkbox"/> Yes <input type="checkbox"/>
No		
If yes, in which year and with what result?		

Identify the disability that substantially limits one or more of your sensory, manual, or speaking skills (e.g. the disability that impairs significantly your ability to arrive at, read, or otherwise complete the examination):

Disability:
-------------

Do you believe that your disability requires AVDC to make a special accommodation in order for you to take the **AVDC** Certifying Examination?  Yes  
 No

Part of the Examination for which accommodation is requested:

Phase 1 Written-multiple choice exam    Phase 2 Practical exam    *(delete as appropriate)*

Describe the special testing accommodation requested:

### **Documentation**

You **must** provide AVDC with written documentation from an appropriately qualified healthcare professional supporting the accommodation you are requesting. This documentation must include a diagnosis of your health condition and a specific recommendation and justification for the special testing accommodation that you request. The documentation from the healthcare professional must be printed on the healthcare professional's letterhead, must include the healthcare professional's credentials, and must be dated and signed by the healthcare professional. This documentation can be included with this form or sent to the AVDC Executive Director directly by the healthcare professional. If the healthcare professional's document is included with this form by the candidate, AVDC reserves the right to request confirmation of the document from the healthcare professional.

Note that AVDC will not pay any costs that you may incur in obtaining the required diagnosis and recommendation. However, AVDC will pay for any reasonable examination accommodations that AVDC has agreed in advance are to be provided for you.

The AVDC policy on Confidentiality of Information About Individuals will apply. However, in order for AVDC to respond to your request, the information in this form may be seen by Officers, Board members and Committee members. When practical, the AVDC Executive Director will redact your name before sharing the contents of the form with anyone. By signing this form, you agree to AVDC sharing this information on a 'need-to-know' basis.

Save the completed form, print a copy and then sign and date the form in the box below:

Signature of Candidate:

Date:

Send the completed signed form either by mail to the address below or attach the scanned, signed form to an e-mail sent to: [ExecSec@AVDC.org](mailto:ExecSec@AVDC.org).

Mail: AVDC Executive Director, 103 E. Calderwood Dr. Suite 110, Meridian, Idaho 83642, USA.

NOTE: It is your responsibility to confirm the AVDC office has received this document.