



Request for ADA Accommodations for the ACVP Phase I or Phase II Examination

The American College of Veterinary Pathologists (ACVP) complies with the Americans with Disabilities Act (ADA) including changes made by the ADA Amendments Act of 2008. You must complete this form and return it with the required information stated below and on the ACVP Website (Examination Guidelines, Acceptance of Terms/Conditions, Americans with Disabilities Act (ADA) Requests) by the registration deadline. It is critical that the contact information you provide is current and that you make ACVP aware of any changes that occur after registering for the examination. Candidates must also complete the application form for the certifying examination on the ACVP Website.

1. Contact Information

- **Candidate Name:** _____
(First, Middle, and Last)
- **Email Address:** _____
- **Phone:** **Work:** _____
- **Phone:** **Personal/Cell:** _____

2. Examination Type (s)

- **Phase I**
- **Phase II**
- **New or Retake:** _____

3. Accommodation Request Requirements.

To support a request for test accommodations the following materials must be submitted by February 1 of the examination year for either or both the Phase I and II examinations. This request will be assessed by independent, authorized healthcare professional consultants and the Certifying Examination Board of ACVP, in confidence. It is comprised of the following:

1. Completed Test Accommodations Request form and a written personal statement describing the impact your disability has on taking this exam and a review of your past history in requesting and receiving accommodations, including the impact of those accommodations.
2. Evidence of past accommodations must be included in the documentation (e.g., verification letters from other testing agencies, accommodation letters, 504 plans, IEP documentation).
3. A detailed, comprehensive written report prepared by a licensed professional (e.g., MD, PhD, PsyD, EdD) describing your disability and its severity and justifying the need for the requested accommodations. The following characteristics are required in the comprehensive report submitted in support of a request for accommodations:
 - a. State a specific diagnosis of the disability. A professionally recognized diagnosis for the particular category of disability is expected (e.g., the DSM-/IDC diagnostic categories for learning disorders).
 - b. The provision of reasonable accommodations is based on assessment of the current impact of the examinee's disability on the testing activities. Therefore, all individuals must provide current documentation, as outline, below.
 - i. **Learning Disabilities:** A comprehensive psychological (e.g., neuropsychological, psychoeducational) assessment, including broad based measures of intellect/aptitude, academic achievement, cognitive ability, and psychological measures, completed within the past 5 years. List all age or grade (as available) standard scores and percentiles scores from this examination on a separate summary sheet.
 - ii. **ADHD:** A comprehensive psychological (e.g., neuropsychological, psychoeducational) evaluation completed within the past five years, along with an updated report from the treating mental health professional that is no longer than three years old. Early school history and related information is essential in establishing the early presentation of symptoms. List all age or grade (as available) standard scores and percentiles scores from this examination on a separate summary sheet.

- iii. Psychological: The candidate must provide a detailed report that clearly demonstrates areas of impairment, completed within the last three years, along with an update note from the treating mental health professional completed during the past year. If psychological or neuropsychological assessment would more clearly demonstrate impairment would demonstrate this, it is to your advantage to supply this.
- iv. Chronic health (e.g., physical or sensory disability): Statement from a licensed clinician within the past year attesting to your condition and its severity and impact, along with a past comprehensive evaluation. The report regarding chronic health must indicate the areas of chronic health important for this examination and the related areas of impairment. The report must also indicate how the requested accommodation ameliorates the impact of the impairment. Current documentation is important, as the impact of chronic conditions may change over time. As the manifestations of a disability may vary over time and in different settings, in most cases a comprehensive evaluation should have been conducted within the past three years, (e.g., visual or neuromuscular conditions are often subject to change and should be updated for current functioning).
- c. Test reports must include the dates of the assessment and the degree and state license number of the clinician, as appropriate. Other information that should be included includes relevant educational, developmental, and medical history. For physical or chronic health conditions, the report should include specific test results that support the diagnosis and severity of impairment and what is the direct connection between this and skills necessary to complete the test (e.g., documentation for an examinee with multiple sclerosis should include specific findings on the neurological examination including functional limitations and MRI or other studies, if relevant).
- d. Diagnostic methods used should be appropriate to the disability and current professional practices within the field. Informal or non-standardized evaluations should be described in enough detail that other professionals could understand their role and significance in the diagnostic process.
- e. The individual's limitations due to the diagnosed disability (i.e., a demonstrated impact on functioning and explain the relationship of the test results to the identified limitations resulting from the disability) must be fully described. The current functional impact on physical, perceptual and cognitive abilities also should be discussed (e.g., an examinee with macular degeneration has reduced central vision which limits the ability to read).
- f. Any recommended accommodations and/or assistive devices must include a detailed explanation of why these accommodations or devices are needed and how they will reduce the impact of the identified functional limitations (e.g., a learning-disabled individual who has difficulty decoding might require an audio rendition of the exam).
- g. Any past accommodations in similar high stakes testing situations and in past school should be discussed, including their effectiveness.
- h. The professional credentials of the evaluator should be included to demonstrate that he or she is appropriately trained to make the particular diagnosis. Include state license number and any specialization or certification in the area of the diagnosis, as appropriate.
- i. If no prior accommodations have been provided, the qualified professional expert should include a detailed explanation as to why no accommodations were given in the past and why accommodations are needed now.

4. Accommodation Request (check all that apply) *The formal report by the licensed clinician must specifically reference each of the appropriate accommodations and provide rationale. Please mark requested accommodation(s):

- extended time (1.5X, other: _____)
- separate exam room with minimal distractions
- noise-cancelling headphones or other noise-cancelling device that you supply and specify
- wrist braces/support that you supply and specify
- specialized chair that you supply and specify
- special exam time dietary needs that you supply and specify
- specialized lighting needs that you supply and specify
- alternative method of recording answers to test questions
- other (describe): _____

5. Previous Examination Accommodations**

Please identify accommodation(s) received in similar exam situations or in response to an Individualized Education Program (IEP): _____

** Required: Please attach written documentation of such accommodation(s), if available.

6. Verification and Authorization to Release Health Information

I, _____ hereby agree to provide the American College of Veterinary Pathologists all required documentation in connection with my request for accommodation(s) of my stated disability/impairment. I understand and agree that ACVP has requested this documentation for use in evaluating the existence and nature of my disability/impairment and the need for requested accommodation(s). I further understand and agree that ACVP may provide this documentation to qualified professionals in connection with an independent confidential review of my request for accommodation(s).

I declare and verify under penalty of perjury that all information provided by me to ACVP or to others evaluating my disability/impairment is true to the best of my knowledge and belief. I agree that ACVP and/or its outside experts may directly contact any of the professional or other persons who have provided information pertaining to my disability/impairment to obtain further information, clarification, or documents.

I hereby authorize _____ to release my health information to the American College of Veterinary Pathologists (ACVP) for the purpose of evaluating the existence and nature of my disability/impairment and the need for requested special accommodation(s) for the ACVP Phase I and/or Phase II Examination. I specifically authorize release of the following information:

Information used or disclosed pursuant to this authorization may be subject to re-disclosure by the recipient and is no longer protected by federal privacy regulations.

This authorization will expire one year from the date I sign this form unless I specify a longer or shorter duration. I may revoke this authorization at any time by notifying the providing organization in writing, and it will be effective on the date notified except to the extent that the providing organization has already acted upon such authorization. ACVP maintains confidentiality of all materials.

If clarification of further information regarding the documentation provided is needed, I authorize ACVP and its authorized healthcare consultants to contact the professional(s) who diagnosed the disability and/or those entities who have provided me test accommodations. I authorize such professional(s) and entities to communicate with ACVP in this regard to provide ACVP with such clarification and/or further information. I also authorize ACVP to disclose the submitted documentation to an authorized ACVP healthcare professional consultant solely for the purpose of evaluating my request for an accommodation. If not provided ACVP will not be able to determine the appropriateness of the accommodations.

My (or my representative's) signature on this form affirms that the information I have provided on this request is true and accurate. I have truthfully represented my disability and the impact it has on my daily life and computerized examinations.

Signature: _____ **Date:** _____

Representative's Signature (if applicable): _____ **Date:** _____

Description of Representative's Authority (if applicable) : _____

