

# REQUEST FOR SPECIAL ACCOMMODATIONS FOR THE ACVAA CERTIFYING EXAMINATION

The American College of Veterinary Anesthesia and Analgesia (ACVAA) complies with the Americans with Disabilities Act of 1990. To ensure equal opportunities for all qualified persons, the ACVAA will make reasonable accommodations for candidates when appropriate. If you require special accommodations related to a disability in order to take the examination, you must complete this form and return it to the ACVAA Executive Secretary (email: [execdir@acvaa.org](mailto:execdir@acvaa.org)) before May 1st of your exam year.

**Please type or print all information.**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_

Telephone number: \_\_\_\_\_ Anticipated Examination Date: \_\_\_\_\_

Have you previously taken the ACVAA Certifying Examination?(yes or no) \_\_\_\_\_

If yes, in what year? \_\_\_\_\_

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

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Will your disability require a special accommodation in order for you to take the ACVAA Certifying Examination?(yes or no) \_\_\_\_\_

If yes, please describe the special testing accommodation requested. Use a separate sheet if more space is needed.

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*Note:* You must provide the ACVAA with written documentation from an appropriate health care 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 require. This documentation must be included with the submission of this request form. The ACVAA will not pay any costs that you may incur in obtaining the required diagnosis and recommendation. However, the ACVAA will pay for any reasonable accommodations that are provided for you.

Signature of Candidate \_\_\_\_\_ Date \_\_\_\_\_