



American Association of Veterinary State Boards
Veterinary Technician National 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 Veterinary Technician National Examination (VTNE) candidates with disabilities.

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

1. whether a VTNE 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, 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 VTNE examination application.

Applications not fully completed will be not be considered, nor returned to the applicant.

Instructions

VTNE Candidates must follow the instructions below to complete the Special Accommodations Application. The application must be postmarked by the application deadline for the desired examination window or the application will not be considered.

1. Complete the online VTNE examination application at www.aavsb.org. 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 this information will assist in identifying and matching the Special Accommodation form to the submitted VTNE application.
3. Have the application notarized by a notary public.
4. Have the health care practitioner or other appropriate professional complete Section II.
5. Mail both completed Sections as soon as possible, but no later than application deadline to the following address:

VTNE Program Manager
AAVSB
380 West 22nd Street
Suite 101
Kansas City, MO 64108

Keep a copy of the completed form for your records.

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

Candidates needing special accommodations who cannot use the online application should email vettech@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 VTNE Candidate

Name _____
Last First M.I.

SSN# _____ - _____ - _____
 Optional (see instructions)

Address _____

Birth Date _____ - _____ - _____

City, State Zipcode _____

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

Daytime Phone Number _____

Evening Phone Number _____

Major life activity impaired
 by disabling condition: _____

Accommodations requested by VTNE 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 the veterinary licensure process 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 the veterinary licensure process.

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 _____

Subscribed to and sworn to me before this _____ day of _____, 20____

Notary Public _____

