

Instructions

Request/Application for Special Accommodations American Association of Veterinary State Boards *Veterinary Technicians National Examination (VTNE)*

The application for Special Accommodations provides the AAVSB Board with information needed to determine

1. whether you are a qualified disabled individual under US or Canadian federal law and
2. whether the accommodation you are requesting 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.

Part I: You complete Part I. You are not required to furnish your Social Security number, but this information would be most helpful in identifying you and relating Special Accommodation Form to other parts of your VTNE application.

Part II: Your health practitioner or other appropriate professional completes Part II, which is to be signed and dated where indicated.

SUBMISSION OF THE FORMS: Both completed parts of this form must be submitted to AAVSB before the AAVSB Board can make a decision on any examination accommodations requested for taking the VTNE in jurisdictions where AAVSB offers the test. Special Accommodation Form parts I and II must be received by AAVSB, with a postmark no later than the deadline for the VTNE administration you wish to take, or they will not be considered.

Please visit our website, www.aavsb.org, for applications and deadline information.

A submitted Special Accommodation Form will remain valid for one year from the date when executed by the applicant. A valid Special Accommodation Form be considered for any subsequent examinations provided the candidate makes a request for consideration prior to the examination date.

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

Please maintain a copy of the completed form for your records. Questions? Contact us at: vettech@aavsb.org, or call during business hours:877.698.8482.

***PLEASE SUBMIT YOUR VTNE APPLICATION ONLINE, and send both parts of the completed
THE SPECIAL ACCOMMODATION FORM
as soon as possible, but no later than the application deadline.***

Applications for special accommodations should be mailed to:

VTNE Administrator
AAVSB
380 W. 22nd St., Ste. 101
Kansas City, MO 64108

Veterinary Technician National Examination Application/Request for Special Accommodation

PART I

Name _____
Last First M.I.

Address _____

Daytime Phone Number _____

Evening Phone Number _____

Major life activity impaired by disabling condition: _____

Accommodations requested by applicant _____

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

Birth Date _____ - _____ - _____

Exam Date for which you are applying: _____ - _____ - _____

Physicians or Other Health Care Practitioners:

(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.

This application is valid for a period of one (1) year from the date when first executed by the applicant.

Signature _____ Date _____

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

Notary Public _____

Application/Request for Special Accommodation Practitioner's Statement

Each health care practitioner providing services to the patient should complete one copy of this form
And submit it to AAVSB, 380 W. 22nd St., Ste. 101, Kansas City MO 64108.

Part II

Practitioner Name _____
Last First M.I.

Office Address _____
Street City State Zipcode

Telephone Number _____

Patient's Name _____

Patient's Address _____
Street City State Zipcode

Patient's SSN# _____ - _____ - _____

Date patient first seen _____ Date patient last seen _____

1. Diagnosis and description of disabling condition (Please provide any other necessary information including tests administered to determine condition) _____

2. Date of onset _____

3. Major life activity(ies) limited by disabling condition _____

4. Previous accommodations granted and when _____

5. Accommodation(s) requested in this testing situation _____

I hereby certify that the above information is true and is released pursuant to authorization by my patient.

Signature of Health Care Practitioner _____

Professional Status _____
Physician, Psychologist, etc.

License Number (IF Applicable) _____

Date _____
Month Day Year

For Board Use Only

Board Approval, if applicable: _____ Date _____
Name Title

Applicant notified: Date _____