

Accommodation Application

Instructions

Candidates requesting testing accommodations for the exam must complete the steps below. A complete Accommodation Application and all required supporting documentation must be received by AAVSB by the application cut-off date for the desired examination. Submissions and requests received after the application cut-off date may result in consideration for the next available testing window. Applications will undergo a review to determine eligibility. Current deadlines are posted on the AAVSB website.

How to Apply

- 1. Submit the online examination application**
Complete the online application for your selected exam by the posted deadline. When prompted, indicate “Yes” to request testing accommodations.
- 2. Complete Section I**
Complete Section I of the Accommodation Application.
- 3. Obtain Professional Documentation**
Request documentation from a licensed healthcare provider (not required for Canada) and have the professional complete Section II of the Accommodation Application.
- 4. Submit Your Materials**
Section I, Section II, and all supporting documentation must be submitted by the published deadline using one of the following methods:
 - Secure upload through your MyAAVSB portal (preferred)
 - Email to accommodations@aavsb.org

Ongoing Use of Approved Accommodations

Approved accommodation requests remain on file with AAVSB. For subsequent exam administrations, additional accommodations not previously approved will be reviewed by the AAVSB Board of Directors when the candidate submits a new accommodation request.

Assistance and Alternate Submission Options

Candidates who are unable to use the VTNE online application or who have questions about the accommodations process should contact the VTNE program:

- Email: accommodations@aavsb.org
- Phone: 1-877-698-8482 (during business hours)

Additional application details and deadlines are available at www.aavsb.org.

Important Notice Acknowledgement

All information and documentation submitted in support of an accommodations request must be accurate, authentic, and based on the professional's independent judgment and direct knowledge of the candidate. The use of AI-generated, altered, or otherwise inauthentic documentation—whether in whole or in part—may result in denial of accommodations, invalidation of an application, or other action, including restriction or prohibition from access to the examination, as determined by the AAVSB Board of Directors.



Section I – To Be Completed by Candidate

Name _____
Last First M.I.

Email Address _____

Circle the specific Exam Administration for which you are applying:

QSE SPA VTNE

Required: Describe in your words what major life activities are limited in your daily life. How does your diagnosis affect your daily life?

Accommodations requested by Candidate: _____

Release

I authorize the licensed healthcare provider to release to the American Association of Veterinary State Boards (AAVSB), information which verify the major life activity 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 major life activities limited and the requested accommodation(s) 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 taking the exam 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 accommodation in connection with taking the exam as a requirement for credentialing.

I agree that this authorization shall be valid until canceled or revoked in writing by me. I also understand that documentation will be uploaded to my VIVA record upon receipt and will be automatically deleted once a passing score is imported.

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 _____



Section II – To be completed by a licensed health care provider

Professional's Name

_____ Last First M.I.

Title/Profession _____

State/Province _____ License Number _____

Organization _____

Address _____
Street City State Zip Code

Phone Number _____

Email _____

Candidate's Name _____

Date candidate first seen (month/year): _____ Date candidate last seen (month/year): _____

Professional's Relationship to the Candidate

Major Life Activities Limited

Based on my direct interactions with the candidate, the following major life activities are currently limited:

Accommodations Provided in the Past Setting

The following accommodations were provided previously, and they have demonstrated competence:



Recommended Accommodations and Justification

Based on the major life activities limited and the accommodation(s) provided previously, I recommend the following accommodation(s) for the exam:

Important Note

This documentation focuses on the candidate’s limited major life activities as they relate to test-taking and access to the examination.

Signature _____

Date _____