

Ohio Veterinary Medical Licensing Board Testing Accommodation Request

In compliance with the Americans with Disabilities Act (ADA), the Ohio Veterinary Medical Licensing Board (Board) will approve testing arrangements for candidates with professionally diagnosed disabilities. Under ADA, a disability is defined as “a physical or mental impairment that substantially limits one or more major life activities.” You must have a disability and provide comprehensive professional documentation supporting the diagnosis of the disability and its impact on your major life activity to be eligible for testing accommodations.

When requesting testing accommodations for temporary conditions (e.g. sprains, fractures, medical emergencies) or for an individual who has never sought testing accommodations during their education, all parts of the application must be completed, including documentation from a professional supporting the condition and its major impact on your ability to take the examination under standard conditions. Please note that the Board is not required by ADA to accommodate temporary conditions.

The standard conditions for taking the North American Veterinary Licensing Exam (NAVLE) can be found in the NAVLE Bulletin of Information for Candidates.

Applications to sit for the NAVLE will not be considered until the Board receives all parts of the request for testing accommodations. The applicant will receive written notification from the Board regarding whether or not the Board granted the requested accommodation.

Section I of this form must be completed by the applicant. If this is your first time to request accommodation in an academic setting, Section II must be completed by a qualified professional whose credentials are appropriate to diagnose the disability. If you have been previously tested for a disability and approved for accommodations in an academic setting, Section II may be completed by a qualified professional who has been most recently involved with your academic accommodations. The professional must have current knowledge of the candidate’s disability and must have diagnosed, evaluated, treated **or** consulted with the candidate within the last two years.

Testing Accommodation Checklist

- Section I must be completed by applicant
- Section II must be completed by a licensed professional who is able to diagnose the disability if for a first time accommodation or by a qualified professional if have had previous evaluation for accommodations.
- A. Physical Disability
 - Submit documentation with diagnosis and limitations.
- B. Learning Disability
 - Submit documentation from a qualified professional.
 - Submit copy of psychological/psychiatric or educational assessment report.
- C. Attention Deficit/Hyperactivity Disorder
 - Submit documentation from a qualified professional with a specific diagnosis.

Ohio Veterinary Medical Licensing Board Testing Accommodation Request Application

Section I: To be completed by the applicant for the NAVLE.

A. General Information

Name:	
Address: (Street, City, State, Zip Code)	
How many times have you taken the NAVLE?	Have you ever been granted accommodations for the NAVLE? <input type="radio"/> Yes <input type="radio"/> No
What accommodations are you requesting?	
Why are you requesting testing accommodations? Please explain.	

B. Disability Information

Nature of disability (Please explain):		
Date or time disability was diagnosed:		
Prior classroom/test accommodations you received (complete only portions that apply):		
Elementary and/or secondary <input type="radio"/> Yes <input type="radio"/> No If yes, list the year(s): Accommodation received:	College: <input type="radio"/> Yes <input type="radio"/> No If yes, list the year(s): Accommodation received:	Other: <input type="radio"/> Yes <input type="radio"/> No If yes, list the year(s): Accommodation received:

I certify that the information provided on this form is true and accurate to the best of my knowledge.

Print Name

Social Security Number

Signature

Date

Ohio Veterinary Medical Licensing Board

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This Section must come directly to the Board from the qualified professional. If this portion is forwarded by the applicant, the form will not be accepted.

Patient's Name

Section II: To be completed by a qualified professional whose credentials are appropriate to diagnose the disability of the applicant that does not have a history of receiving accommodations for this disability. OR If the applicant has a history of receiving accommodations, a professional who is familiar with the individual's disability and need for testing accommodations.

A. Professional Information

Name:	Occupation:
License Number, Type, and State of Issue:	Employer Name:
Phone Number:	Fax Number:
Email Address:	
Employment Address: (Street, City, State, Zip)	

B. Diagnostic and Treatment Information

Diagnosis:
<input type="checkbox"/> If there is a physical disability, please attach documentation as to the diagnosis. <input type="checkbox"/> If there is a specific learning or mental disability, a copy of the psychological/psychiatric or educational assessment report, must be attached. <input type="checkbox"/> Please attach a written explanation of how the disability impairs the applicant's major life activities.
Please list the last date of consultation/treatment of the applicant:

Based on your knowledge of the applicant's disability and current function, please check the following recommended accommodation(s): (Check all that apply)

- | | | | |
|--|--|--------------------------------------|--|
| <input type="checkbox"/> Extended Time:
Time and One Half | <input type="checkbox"/> Reader | <input type="checkbox"/> Large Print | <input type="checkbox"/> Separate Testing
Room |
| <input type="checkbox"/> Extended Time:
Double Time | <input type="checkbox"/> Recorder (Scribe) | <input type="checkbox"/> Braille | <input type="checkbox"/> Other (Attach
Explanation) |

I certify that I have current knowledge of the applicant, within the past two years, and that the information contained in Section II of the testing accommodation request is true and accurate to the best of my knowledge.

Printed Name

Title

Signature

Date

Return this document to:

**Ohio Veterinary Medical Licensing Board
77 South High St., 16th Floor
Columbus, OH 43215**

Or via FAX at 614-644-9038

Or scan and email to: info@ovmlb.state.oh.us