

## **REQUEST FOR SPECIAL ACCOMMODATIONS FOR THE ACVN CERTIFYING EXAMINATION**

The American College of Veterinary Nutrition (ACVN) complies with the Americans with Disabilities Act of 1990 (as amended). To ensure equal opportunities for all qualified persons, the ACVN will make reasonable and appropriate accommodations for candidates with documented physical or mental impairments that substantially limit one or more of the major life activities. If you require special accommodations related to a disability in order to take the examination, you must complete this form and return it with your examination application. If you need assistance in completing this form due to a disability, please contact the ACVN secretary at [acvnsecretary@gmail.com](mailto:acvnsecretary@gmail.com).

Accommodations are provided on an individual basis and depend on the nature of the disability and documentation provided. The ACVN will make reasonable efforts to provide the requested accommodations to candidates provided the functional impairment has been demonstrated through documentation and that the accommodations do not fundamentally alter the measurement of the skills or knowledge the examination is intended to test, do not jeopardize examination integrity and security, and do not result in an undue burden to the ACVN.

Documentation submitted in support of the request is used solely for the purpose of evaluating the request. Failure to provide the ACVN with the appropriate supporting documentation in a timely manner will cause a delay in the review process and your ability to schedule and take the examination.

**Please type or print all information.**

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

Telephone number: (\_\_\_\_) \_\_\_\_\_ Email address \_\_\_\_\_

Anticipated Examination Date: \_\_\_\_\_

Have you previously taken the ACVN Certifying Examination?  Yes  No

If yes, on what date? \_\_\_\_\_

Were you provided special testing accommodations? If yes, please describe \_\_\_\_\_

\_\_\_\_\_

Please identify the disability or disabilities that substantially limit one or more of your sensory, manual, or speaking skills:

\_\_\_\_\_

Will your disability require a special accommodation in order for you to take the ACVN Certifying Examination? [ ] Yes [ ] No

If yes, please list the special testing accommodation(s) requested. Use a separate sheet if more space is needed.

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*Note:* You must provide the ACVN with written documentation supporting each accommodation you are requesting from an appropriate health care professional with the credentials, training, and expertise to diagnose the reported disability who has examined or treated you. The documentation must be sent directly from the health care professional to the ACVN. This documentation must be on letterhead, dated, and signed, and must include the name, title, professional credentials, and contact information of the qualified health care professional. It must include a diagnosis of your health condition, the date(s) of the assessment on which the report is based, a description of the specific impact on your daily life activities and day-to-day functional limitations to major life activities, and a specific recommendation and justification for each special testing accommodation that you require. The ACVN will not pay any costs that you may incur in obtaining the required diagnosis and recommendation. However, the ACVN will pay for any reasonable accommodations that are provided for you.

The ACVN reserves the right to request further verification, if necessary, of the evaluating professional's credentials and expertise relevant to the diagnosis. If the candidate has received prior examination accommodations in an educational setting or for other examinations, documentation of these should also be submitted to the ACVN.

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