

Texas Board of Veterinary Medical Examiners

ADA Accommodations Request Form

The Texas Board of Veterinary Medical Examiners (TBVME) complies with the Americans with Disabilities Act of 1990. To ensure equal opportunity for all qualified applicants with disabilities, TBVME will not pay any costs the applicant may incur in obtaining the required evaluation, diagnosis, and recommendations.

Note: This form must be submitted each time the applicant requests to take an examination.

A. Biographical Information:

 Please provide your name, address, telephone number and social security number.

First Name

Middle Initial

Last Name

Other (Maiden)

Date of Birth

Social Security Number

Mailing Address (Street or P.O. Box)

City

State

Zip Code

Telephone Number

Fax Number

Email Address

Name of College of Veterinary Medicine in which you are currently enrolled:

Anticipated Date of Graduation:

If You Have Already Graduated, Name Of College Of Veterinary Medicine Graduated From:

Date of Graduation:

B. Examination Information:

Requested examination date: _____

Have you previously taken this examination?

Yes

No

If yes, please provide:

Date of last examination: _____

Location of last examination: _____

Type of Last Exam: _____

Were you provided special accommodations?

Yes

No

If yes, what type of accommodations were provided? _____

What is your requested accommodation? _____

C. Information regarding disability.

Supporting documentation must be submitted with this form unless the information was previously submitted to the TBVME and the information is not more than three years old. Please see guidelines on next page.

What is the disability that limits one or more of your major life activities (e.g., walking, hearing, speaking, seeing, reading or writing?)

Please describe the special accommodations needed and include written documentation supporting the accommodation that you are requesting. (Attach separate sheet if more space is needed.)

Supporting documentation must comply with the following:

1. Be on official letterhead from a licensed or certified health professional appropriate for diagnosing and treating the disability;
2. Make a recommendation for the specific accommodations with current, detailed documentation supporting the request;
3. Provide evidence that similar accommodations have been made for you in other educational or testing situations or in employment settings, or describe why no such accommodation was made in the past but is now required; **AND**
4. Be dated within the last three years.

Disability Documentation Guidelines

These guidelines are developed to ensure candidates are protected under Title II of the Americans with Disabilities Act of 1990. The Board will evaluate all requests for examination modifications to determine whether the applicant: 1) has a disability, as defined by the ADA, and 2) is qualified for protection under Title II. Such modifications must maintain the security of the examination. Exam modifications, which fundamentally alter the nature or security of the exam, are not permitted.

The following guidelines describe the necessary components of acceptable evidence required to validate a disability and the current need for testing accommodations. A prior history of accommodations, without demonstration of a current need, will not necessarily warrant approval of testing modifications. To avoid unnecessary delays, ensure the submission of all information and documentation by the application deadline and in accordance with these guidelines.

Qualified individuals with disabilities are required to request accommodations every time they apply to take an examination, by the application deadline for the respective examination. This requirement allows the Board to determine if the individual is “disabled” under the ADA. It also provides enough time to arrange reasonable and appropriate accommodations and services before the administration of the examination. Consequently, it is in the candidate’s best interests to provide recent and appropriate documentation, which clearly defines the extent and impact of the impairment(s) upon current levels of academic and physical functioning.

- Requests for accommodations and appropriate, supporting documentation, which is complete, must be submitted by the application deadline.
- Documentation should provide evidence of a substantial current limitation to physical or academic functioning.
- Clinical evaluations should be performed by a licensed or qualified professional (e.g. physician, psychologist, or educator) who has conducted an examination of the candidate and has diagnosed a physical or mental impairment. Details about the professional’s area of specialization and professional credentials, including certification and licensure, should be provided.
- Documentation must be submitted on official letterhead from a licensed or qualified professional who has examined the candidate and diagnosed a physical or mental impairment. Depending on the disability and written evaluation, documentation may include a letter from a physician or a detailed report.
- Documentation should not be more than three years old.
- Documentation for all disabilities should describe the extent of the disability, the criteria for the diagnosis, the diagnosis, the type and length of treatment and the recommended accommodation. Terms such as “problems,” “deficiencies,” “weaknesses,” “differences,” and “learning disabilities” are not the equivalent of a diagnosed specific disability (such as ADD, Dyslexia, Multiple Sclerosis, etc). The disability must be specific. The accommodation must also be specific. “Extended time” or “unlimited time” is not sufficient. The recommendation must be specific, such as an extra thirty minutes per session, time and one-half over one day, etc.
- Indicate why specific accommodations are needed and how the effects of the specific disability are mediated by the recommended accommodations.
- Indicate any medication currently being taken that is directly linked to the disability and any effect that medication may have relating to the major life activity affected by the disability.
- All accommodations must be approved by the entity giving the examination (i.e., TBVME or NBVME). Once accommodations have been granted, they may not be altered during the examination unless prior approval of the Executive Director is obtained.

Information Relating To Tests

The following information should be shared with the health professional. This information will help them in formulating their response as it relates to each individual test.

North American Veterinary Licensing Examination (NAVLE)

The NAVLE consists of 360 multiple choice questions (items), administered one at a time on the computer. For additional information regarding what the exam covers and the time limits for testing, please contact the National Board of Veterinary Medical Medical Examiners. (www.nbvme.org) P.O. Box 1356, Bismarck, ND 58502, (phone) 701-224-0332

The testing facility is kept as quiet as possible to reduce distractions. The test is completed on a computer and each computer station is partitioned from other stations to reduce distractions.

State Board Exam (SBE)

The State Board Exam varies in length depending on the type of license being sought.

Regular License

- For a regular license, the exam consists of 100 questions to be completed within one (1) hour. Testing is normally completed on a Scantron; however, the test may also be given in a manner that requires written answers. The number of examinees determines the method of testing. Please contact the Director of Licensing and Examination to determine how the test will be administered during the time frame you are seeking.

Special License

- For a special license, the exam consists of 100 questions to be completed within one (1) hour. Testing is normally completed on a Scantron; however, the test may also be given in a manner that requires written answers. The number of examinees determines the method of testing. Please contact the Director of Licensing and Examination to determine how the test will be administered during the time frame you are seeking.

I hereby affirm that I have read and agree to all of the information provided above.

Applicant's Signature

Date

Please keep a copy of all documentation, including this form, for your records.

Return this form, along with documentation, to:

**Texas Board of Veterinary Medical Examiners
Attention: ADA Coordinator
1801 Congress Ave., Ste. 8.800
Austin, TX 78701**