ECFVG Request for Subsequent (Retake) Test Accommodations Basic and Clinical Sciences Examination (BCSE)

Send your completed ECFVG Request for Subsequent (Retake) Test Accommodations for the BCSE Form to the ECFVG by email at ECFVG@AVMA.org or via a traceable or return-receipt method to the address at: AVMA/ECFVG, Attn. Testing Coordinator, 1931 N. Meacham Rd., Suite 100, Schaumburg, IL 60173-4360.

If the medical professional's assessment was performed more than 12 months prior to submission, you must submit supplemental documentation from a treating medical professional who has examined you within the past 12 months, unless the prior documentation attests that no improvement in your disability or medical condition can occur. The supplemental documentation must attest that the earlier assessment remains unchanged or identify any changes and whether they impact the request for testing accommodations.

If you have received test accommodations for a prior BCSE and are requesting the **previously provided** testing accommodations, you must fill out and submit this form. (**Please note that submitting this form constitutes your official notification.** Arrangements for accommodations will be made once you complete and submit the form, and the BCSE application is processed.)

If you require different accommodations than those previously provided, due to a change in the nature or extent of your disability, you must fill out and submit the BCSE Accommodations Request Form (https://www.avma.org/sites/default/files/resources/testaccom_form.pdf) and attach documentation supporting the change in accommodation(s). Please do not submit this form.

Name: Today's Date: ECFVG ID#: Gender: Male Female Date of Birth: (Month/Day/Year) Mobile Phone#: Daytime Phone#: Email Address:

Please Type or Print.

9. Current Address*:
10. Country:
*Candidate must update contact information on the ECFVG login page to be consistent. ECFVG Login Page: https://ecfvg.avma.org/ecfvg/ecfvglogin.aspx
11. Select Test Region (Information requested by Prometric):
APAC – East Asia, South Asia, Southeast Asia, and Oceania
EMEA – European Mainland Middle East Africa
Canada — Canada
India – India
USA – North and South America
I hereby waive any claim for damages, or otherwise, that I may have against any individual, institution, or organization that supplies information with respect to my request, and the AVMA, its officers, directors, members, employees, and agents by reason of any act of omission or commission that they, or any of them, may take in good faith in connection with this request.
Signature: Date: (Month/Day/Year)
By typing your name above, you are signing this authorization form electronically. You agree that your electronic signature is the legal equivalent of your manual signature on this form.
Please note that by selecting the "Submit" button, an email message will open, and the completed and signed document above will be attached. You may also attach any additional documentation needed to this email. Please click "Send" to transmit the email.
Please save a copy of the completed form for your records and/or copy yourself on the email.
Thank you!

Last updated: 8/16/21