

# REQUEST FOR ACCOMMODATION OF DISABILITIES

## TO BE COMPLETED BY THE CANDIDATE

If you have a disability for which you wish to request an accommodation for an examination administered by the Veterinary Medical Board/Registered Veterinary Technician Examining Committee, please provide the following information and return this form **as well as all other required documentation** to the board with your application. You may attach additional pages if necessary. This form and all supporting documentation will become a part of your examination record, but will be purged from your file when you have passed the examination.

1. Your name and file number as stated on your application.

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2. Describe your type of disability (e.g., physical, mental, learning) and how this disability substantially limits one or more of your major life activities.

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3. What is the nature and extent of the disability (e.g., hearing impaired, diabetic, dyslexic, etc.).

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4. Describe the accommodation requested, given the format of the examination(s).

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5. Describe any past accommodations you have received for this disability. For what purpose or examination were the accommodations given to you and who evaluated you for purposes of receiving the accommodation?

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6. Provide the board written verification of your disability from a professional supporting the accommodation(s)s you are requesting. The board will not pay any costs incurred in obtaining the required documentation. However, it will pay for any accommodation(s) that are made for you. This information is confidential and will not be divulged.

Upon receipt of the required information, the request will be considered and you will be notified in writing of the accommodation(s).

If you have any questions, you may contact the Board at (916) 515-5220 and ask to speak with the Special Accommodations Coordinator in the Exam Unit.

***This form and all supporting documentation must be submitted with the examination application. Failure to provide the required documentation will result in denial of the request.***

*I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.*

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Date

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Signature of Candidate

NOTE: The information provided will be evaluated to determine the reasonableness of the accommodation request. Failure to provide the required documentation will result in denial of the request. Applicants have the right to review their records subject to the provisions of the Information Practices Act.

# PROFESSIONAL EVALUATION AND DOCUMENTATION OF THE DISABILITY

## TO BE COMPLETED BY THE EVALUATOR

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Name of Applicant

*COMPLETION OF THIS FORM BY THE EVALUATOR IS REQUIRED IN ADDITION TO THE COMPLETE EVALUATION REPORT. BOTH SUPPORTING DOCUMENTS MUST ACCOMPANY THE CANDIDATE'S REQUEST FOR SPECIAL ACCOMODATIONS BY THE SPECIFIC EXAMINATION APPLICATION DEADLINE DATES. THE INFORMATION REQUESTED MUST BE PROVIDED OR THE CANDIDATE'S REQUEST FOR ACCOMODATION IS CONSIDERED INCOMPLETE AND CANNOT BE PROCESSED*

1. Describe the credentials and experience which qualify you, the evaluator, to make the determination of the disability and the recommended accommodation.

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2. Describe the candidate's type of disability (e.g., physical, mental, learning) and, if applicable, the tests used to diagnose the disability.

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\_\_\_\_\_

3. Describe the nature and extent of the disability (e.g., hearing impaired, diabetic, dyslexia; severe, moderate, mild), how the disability substantially limits one or more of the candidate's major life activities, and if the disability will change in any way over time.

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4. What is the effect of the disability on the candidate's ability to perform under normal testing conditions given the format of the examination?

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\_\_\_\_\_

5. What is the recommended accommodation and how does the accommodation relate to the candidate's disability given the format of the examination?

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\_\_\_\_\_

*I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.*

\_\_\_\_\_  
Evaluator's Name (Print)

\_\_\_\_\_  
(Professional License or Certification Number)

\_\_\_\_\_  
Business Name

\_\_\_\_\_  
Telephone Number