



NAVLE® ADDITIONAL BREAK TIME/NON-STANDARD TESTING REQUEST PACKET

OVERVIEW

The International Council for Veterinary Assessment® (ICVA®) administers the North American Veterinary Licensing Examination (NAVLE), which is a requirement for licensure to practice veterinary medicine in all United States and Canada licensing jurisdictions. The ICVA administers the NAVLE in three (3) testing windows annually in:

OCTOBER - NOVEMBER

MARCH

JULY - AUGUST

The ICVA reviews and processes additional break time/non-standard testing requests for NAVLE candidates with temporary medical conditions (i.e., post-surgery, injury, lactation). You may apply for additional break time/non-standard testing by submitting the NAVLE Additional Break Time/Non-Standard Testing Request Form, with a letter from a qualified professional documenting the need for the request. The request should be submitted prior to or at the same time you apply for the NAVLE.

Note: If you already have a scheduling permit for a standard examination, contact the ICVA immediately.

DEADLINES

4 Your completed and supported NAVLE Additional Break Time/Non-Standard Testing Request Form must be received no later than 14 days before the start of the testing window.

This deadline is fixed and does not change even if testing windows are expanded or extended. Requests are processed in the order in which they are received. It is recommended that you submit your completed and supported NAVLE Additional Break Time/Non-Standard Testing Request Form as far in advance of the applicable deadline date as possible in case additional information is needed.

BEST PRACTICES

Whenever possible, the ICVA will acknowledge receipt of your request and contact you in writing via e-mail if additional information or documentation needed to decide and act on your request. Please send copies (do not send originals) of all official documentation that you submit the ICVA is unable to return submissions or provide duplicate copies to third parties.

Please contact the ICVA via email at accommodations@icva.net if you:

- wish to modify or withdraw your request, or
- do not receive an e-mail acknowledgement after request submission.

TIME FORMAT

All exams administered with additional break time/non-standard testing **must** be taken over two days. The only format available for the NAVLE in these cases is:

Additional Break Time/Non-Standard Testing

- Day 1: 15-minute tutorial, eight blocks of 24 items in 26 minutes, and at least 80 minutes of break time, for a total of 5 hours and 3 minutes.
- Day 2: Seven blocks of 24 items in 26 minutes, and at least 70 minutes of break time, for a total of 4 hours and 12 minutes.





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REQUEST GUIDELINES

Complete all sections of the NAVLE Additional Break Time/Non-Standard Testing Request Form and submit it together with all required supporting documentation. Supporting documents should meet the document requirements below.

Required Documentation:

Please obtain and submit documentation from a qualified professional that clearly establishes the necessity of the request for additional break time/non-standard testing. To reduce the likelihood of processing delays, the documentation from the credentialing professional must be:

- written in English (you are responsible for providing certified English translations of all non-English documentation),
- 2 legible (i.e., typewritten),
- 3 signed and dated by the professional,
- written on the professional's letterhead (handwritten and/or prescription pad documentation are not acceptable), and
- 5 include a listing of the professional's qualifications (i.e., degree, licensure, and areas of specialization).

SUBMITTING YOUR COMPLETED REQUEST FORM AND SUPPORTING DOCUMENTATION

Ensure delivery of your completed NAVLE Additional Break Time/Non-Standard Testing Request Form and documentation by the deadlines below via one of the methods below:

A Note: Any Non-Standard Testing Conditions request must be received no later than 14 days before the start of the testing window.

- Email: accommodations@icva.net
- Upload: https://www.icva.net/modules/dashboard/#application1
- Fax: (701) 224-0435

If submitting by e-mail or upload, you must submit this request form and all supporting documentation in PDF format with scanned or electronic signatures. Signature pages may be submitted as a digital photograph file (.jpg or .jpeg).

Microsoft Word files cannot be authenticated and are not accepted. Google Drive, Dropbox, or other embedded cloud storage links are not accepted.

APPROVAL

Non-standard testing conditions will be valid for one (1) year from the approval date.





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NAVLE ADDITIONAL BREAK TIME/STANDARD TESTING REQUEST FORM

The NAVLE Additional Break Time/Non-Standard Testing Request Form must be completed by the requesting candidate. Please type or clearly print the information requested below. If more space is needed to provide a complete response, please attach additional sheets of paper as needed.

Section 1: Identification and Contact Information	
Name:	
NAVLE Identification Number (if available):	Date of Birth:
Address:	
Number and Street	Apartment/Unit Number
City	State/Province Zip/Postal Code Country
Preferred Telephone Number:	Preferred Email Address:
List the condition(s) for which you are requesting additionated and the condition (s) for which you are requesting additionated as the condition (s) for which you are requesting additionated as the condition (s) for which you are requesting additionated as the condition (s) for which you are requesting additionated as the condition (s) for which you are requesting additionated as the condition (s) for which you are requesting additionated as the condition (s) for which you are requesting additionated as the condition (s) for which you are requesting additionated as the condition (s) for which you are requesting additionated as the condition (s) for which you are requesting additionated as the condition (s) for which you are requesting additionated as the condition (s) for which you are requesting additionated as the condition (s) for which you are requesting additionated as the condition (s) for which you are requesting as the condition (s) for which you are requesting as the condition (s) for which you are requested as the condition (s) for which yo	al break time:
**For pregnancy or lactation, please provide your du	ue date or delivery date:
Section 3: Personal Items	
Some conditions (i.e., lactation, diabetes) may require the any item(s) you require below. Provide the make, model ar	use of medication or a medical device within the secure testing area. List nd photo of your item(s).
(Note: All attached photos must be of your own personal item(s) catalog photo.)) that you are requesting to bring with you to the examination, not a generic or



Section 4: Certification and Authorization

To the best of my knowledge and belief, the information recorded on this request form is true and accurate. I understand that my request, including this form and all supporting documentation, must be received by the ICVA sufficiently in advance of my anticipated test date in order to provide adequate time to evaluate and process my request.

I acknowledge and agree that any information submitted by me or on my behalf may be used by the ICVA for the following purposes:

- Evaluating my eligibility for additional break time. When appropriate, my information may be disclosed to qualified independent reviewers for this purpose.
- Conducting research. Any disclosure of my information by the ICVA will not contain information that could be used to identify me individually; information that is presented in research publications will be reported only in the aggregate.

I authorize the International Council for Veterinary Assessment (ICVA) to contact the entities identified in this request form, and the professionals identified in the documentation I am submitting in connection with it, to obtain further information. I authorize such entities and professionals to provide ICVA with all requested further information.

I further understand that the ICVA and the NAVLE program reserves the right to take action, as described in the Candidate Bulletin

(see "Irregular Behavior" section), if it determines that false information or false statements have been presented on this request for in connection with my request for additional break time.		
Printed Name	Date	
Signature		