

## **REQUEST FOR ADDITIONAL BREAK TIME/STANDARD TESTING TIME**

**The International Council for Veterinary Assessment® (ICVA®) processes requests for additional break time for the North American Veterinary Licensing Examination (NAVLE®)**

Examinees with a need for additional break time due to circumstances such as lactation may apply for the non-standard testing conditions of additional break time/standard testing time by submitting this form, along with a letter from a qualified professional documenting the need for the request.

- Requests should be submitted prior to or at the same time you apply for the NAVLE. When completing your application online, indicate that you will be requesting test accommodations/non-standard testing conditions.
- If you already have a scheduling permit for a standard examination, contact the ICVA immediately.
- Complete all sections of this form and submit it together with all required supporting documentation. Supporting documents should be typed, signed, dated and submitted on your qualified professional's letterhead.
- Documentation from a provider that is handwritten and/or on a prescription pad is not acceptable.
- Do not send originals. Please retain the originals of all documentation that you submit as we are unable to return submissions or provide duplicate copies to third parties.
- Incomplete, illegible, or unsigned request forms and/or insufficient supporting documentation will delay processing of your request. Submitting duplicate and/or bound documentation may delay processing of your request.
- Requests are processed in the order in which they are received.
- ICVA will acknowledge receipt of your request by e-mail and will review your submission for completeness. If you do not receive an e-mail acknowledgement within a few days of submitting your request, please contact the ICVA office at 701-224-0332. You may be asked to submit additional documentation to complete your request.
- The outcome of our review will not be released via telephone. All official communications regarding your request will be made in writing. If you wish to modify or withdraw a request for additional break time, contact the ICVA by e-mail at [mail@icva.net](mailto:mail@icva.net) or by telephone at 701-224-0332.

**Section B: Biographical Information**

Please type or print.

**B1. Name:** \_\_\_\_\_  
Last First Middle Initial

**B2. Date of Birth:** \_\_\_\_\_

**B3. Contact information:**

\_\_\_\_\_ Address

\_\_\_\_\_ City State/Province Zip/Postal Code

\_\_\_\_\_ Country

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

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

\_\_\_\_\_ E-mail address

**Section C: Request Information**

**C1. List the condition(s) for which you are requesting additional break time:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**\*\*For Pregnancy or Lactation, provide your due date or delivery date:** \_\_\_\_\_

**Attached a letter from a qualified professional documenting the necessity of the request for additional break time.** Supporting documents must be typed, signed, dated and submitted on the health care provider’s letterhead. Handwritten letters and/or notes on a prescription pad are not acceptable.

**C2. Personal Items**  
Some conditions such as lactation, diabetes, etc., may require the use of a medication or medical device within the secure testing area. List any item(s) you require below. Provide the make, model and photo of **your** item(s).  
\_\_\_\_\_  
\_\_\_\_\_

**Attached photo must be of your own personal item(s) that you are requesting to bring with you to the examination, not a generic or catalog photo.**

## Section D: 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 Bulletin of Information (see "Irregular Behavior" section), if it determines that false information or false statements have been presented on this request form or in connection with my request for additional break time.

Name (print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### What to Submit

- ✓ Legible copies of all documents, not originals
- ✓ Typewritten and signed letters and reports from professionals on their letterhead
- ✓ Complete reports with all pages, signed and dated
- ✓ All documents in English. You are responsible for providing certified English translations of all non-English documentation

**Mail, fax, or e-mail (as a pdf) your completed request form and supporting documents to the address below at the same time you submit your NAVLE application:**

Mailing address: ICVA, PO Box 1356, Bismarck, ND 58502-1356.  
For expedited delivery: ICVA, 3000 N. 14th Street, Suite 2A, Bismarck, ND 58503  
E-mail address: [mail@icva.net](mailto:mail@icva.net)  
Fax: 701-224-0435

