NAVLE® Accommodation Request Process Packet
(Updated May 1, 2020)

Checklist For Accommodation Request Packet

This accommodation request packet is for all candidates applying for approval through any of the US state or territorial licensing boards for the NAVLE. Candidates applying through the Canadian National Examining Board (NEB) for approval should contact their office regarding their NAVLE accommodation request process.

Please complete the following steps when creating your accommodation request packet:

_____ Read the Guidelines for NAVLE Accommodation Requests.

_____ Fill out the Accommodation Request Form completely. Be sure to sign and date it.

_____ Include the items below in your accommodation request packet:

- ____ Completed Accommodation Request Form
- ____ Documentation from your evaluator (a physician or other licensed health service provider), including a brief listing of the evaluator’s qualifications (i.e. degrees; licensure; areas of specialization, etc.)
- ____ Documentation of any previous accommodations (such as verification of accommodations on SAT, ACT, GRE, etc.; letter from your university’s Office of Disability Services)

_____ Send your accommodation request packet to the ICVA. This packet must be received in the ICVA office on or before the ICVA NAVLE application deadline. Faxed or e-mailed request packets are acceptable, as long as they are received by the deadline.

For the November-December 2020 testing window, the receipt deadline is August 1, 2020. For the April 2021 testing window, the receipt deadline is February 1, 2021.

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
Fax: 701-224-0435

*It is in your best interest to provide the required materials as far in advance of the application deadline as possible. Whenever possible, the ICVA will indicate what (if any) additional documentation is required in order to make an informed decision regarding your accommodation request. Your request and documentation will not be returned to you, so please retain copies of everything you submit.*
Guidelines for NAVLE Accommodation Requests

ICVA complies with Title III of the Americans with Disabilities Act ("ADA") as well as applicable state laws governing testing accommodations. The following guidelines are designed to ensure equitable and fair treatment for candidates with an obvious or documented need for reasonable accommodations in taking the North American Veterinary Licensing Examination (NAVLE®). These guidelines will be interpreted and implemented in accordance with the ADA and other applicable law. To the extent these guidelines differ from applicable law, the latter will control.

Reasonable accommodations are made in keeping with the ADA and applicable state law for candidates whose disabilities will otherwise place them at an unfair disadvantage in the examination. Accommodations are considered only to the extent necessary to give candidates with disabilities a fair and equal opportunity to demonstrate their mastery of skills and attainment of knowledge in the examination.

The ADA defines a person with a disability as “any person who (a) has a physical or mental impairment which substantially limits one or more of such person’s major life activities, (b) has a record of such impairment, or (c) is regarded as having such an impairment.”

Individuals meeting the above definition may be eligible for reasonable accommodations on the NAVLE. A temporary physical or mental condition (e.g., broken arm) generally is not considered a disabling condition under the ADA.\(^1\) Nevertheless, candidates with a temporary condition that may hinder their equal access to the NAVLE may request a courtesy adjustment for the examination. For information on the courtesy adjustment request process, please contact the ICVA directly.

Unless a disability is readily apparent, candidates requesting accommodations must provide (at their own expense) written documentation evidencing their disability and their current need for the requested accommodation. Such documentation may include the following:

* **Documentation from a qualified professional:** Documentation from a qualified professional who has diagnosed the candidate’s disability (either initially or for a re-evaluation) as follows: 1) identifying the underlying disabling condition requiring accommodation, 2) stating that the qualified professional has evaluated the candidate and diagnosed such condition, and 3) stating that the specific accommodation requested is needed in light of the diagnosed condition. A brief listing of the professional’s qualifications (including degree, licensure, and areas of specialization) should be included either in the evaluation or in a separate written document. The report must be current (within the past five years) and must provide explanations of how and why the recommended accommodations are justified and necessitated by the candidate’s disability.

---

\(^1\) Certain states, including California, provide broader protections than the ADA. If you are not certain whether you may be entitled to reasonable accommodation under either the ADA or applicable state law, please submit an Accommodation Request Form, and the ICVA will review and process your request. You may also contact the ICVA directly at mail@icva.net with any inquiries.
Please note, documentation from a qualified professional 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.

- **Documentation of prior accommodations on similar high-stakes exams:** Documentation that 1) provides proof that the candidate previously received testing accommodations similar to those currently requested on prior similar exams (e.g., the SAT or other high-stakes exams), and 2) certifies the candidate’s current need for the requested testing accommodations due to a disability.

- **Documentation of prior formal public-school accommodations:** Documentation that 1) shows the candidate’s receipt of testing accommodations in his or her most recent IEP or Section 504 Plan, and 2) certifies the candidate’s current need for the requested testing accommodations due to disability.

- **Documentation of prior formal private-school accommodations:** Documentation that 1) shows a consistent history of the candidate having received testing accommodations for similar tests in a private-school setting, and 2) certifies the candidate’s current need for the requested testing accommodations due to disability.

While the foregoing list sets forth the documentation ICVA typically requires to support an accommodations request, certain other types of documentation may also be sufficient. Please contact mail@icva.net if you have any questions about alternate forms of documentation you would like ICVA to consider.

Reasonable accommodations are made to afford candidates with disabilities an opportunity, equal to that of nondisabled candidates, to demonstrate the required knowledge and skills tested by the NAVLE. Of primary concern in evaluating accommodation requests is the need to ensure that such requests do not either 1) provide candidates without a true documented accommodation need with an unfair advantage, or 2) seek accommodations that would fundamentally alter the measurement of the skills or knowledge the examination is intended to test. Please be advised that ICVA may provide alternative accommodations to those requested where doing so will result in an appropriate and reasonable accommodation. ICVA also may deny requested accommodations where they create an undue financial or administrative burden.

The accommodation request form and all documentation supporting the request must be received by the ICVA office by the appropriate deadline for that NAVLE testing window. It is the candidate’s responsibility to make any request for accommodation and to ensure that the request form and all supporting documentation is received by the deadline. Requests received after the established deadline will not be evaluated for that testing window. All submitted documentation will be treated in accordance with privacy and confidentiality protections afforded under applicable law. If you have any questions, please contact the office at mail@icva.net.
Accommodation Request Form

These items are to be completed by the candidate, not the evaluator. Responses should be typed or clearly printed. If extra space is needed for responses, please use a separate sheet.

*Due to the length of the standard NAVLE (7.5 hours), accommodations of extended testing time and/or more frequent breaks require two testing days.*

Name: ______________________________________________________________

NAVLE ID (if available): __________________________ Date of Birth: __________________________

Address: ______________________________________________________________

City, State, Postal Code, Country: __________________________________________

Telephone Number: __________________________ E-mail address: __________________________

Licensing Board for Application: __________________________________________

Have you taken the NAVLE before? If so, when? __________________________

Please state the nature of your disability and when you were first diagnosed:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Please describe your previous history of receiving accommodations and the nature of those accommodations. If you have not received accommodations before now, please explain why you have not needed accommodations in the past:

College: ______________________________________________________________

Veterinary School: __________________________________________________________

*Other Standardized Examination(s):* __________________________________________
What accommodations do you believe you need on the NAVLE?

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Why do you believe your requested accommodations are necessary for you to take the NAVLE? (Please use a separate sheet if necessary):

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Applicant signature: ___________________________ Date: __________________