

# **LOUISIANA BOARD OF VETERINARY MEDICINE**

301 Main Street, Suite 1050, Baton Rouge, LA 70801  
(225) 342-2176      FAX (225) 342-2142      email admin@lsbvm.org      www.lsbvm.org

## **SPECIAL ACCOMMODATION REQUESTS**

Dear Applicant:

The Louisiana Board of Veterinary Medicine is the regulatory agency in Louisiana for the practice of veterinary medicine. The Board is responsible for verifying the qualifications of examination candidates to take licensing examinations. Some applicants may require special accommodations when they take their licensing examination. The following pages provide a guideline regarding what type of special testing accommodations the Board considers, how exam candidates can go about requesting special accommodations, and what kind of documentation candidates need to provide for Board consideration.

## SPECIAL ACCOMMODATION REQUESTS FOR CANDIDATES TAKING LICENSING EXAMINATIONS

### A. Purpose

These guidelines should ensure equal and fair treatment for candidates with documented need for special accommodations in taking licensing examinations.

### B. Disabilities

The Americans with Disabilities Act 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.” This will include, but not be limited to, persons identified as blind, deaf, hard of hearing, learning disabled, multiply disabled, orthopedically impaired, visually impaired, and other health impairments.

Persons having one or more of the qualifiers listed above may be considered disabled and may be eligible for special accommodations for taking licensing examinations.

Persons with temporary disabilities (such as a broken arm) are not considered to have a disabling condition. Nevertheless, persons with temporary disabilities that may hinder their performance of the examination may also request special accommodations for Board review to take the licensing examinations.

### C. General

Special accommodation requests should be made for candidates whose disabilities will place them at an unfair disadvantage in the examination. Accommodation requests are considered only to give the candidate with a disabilities a fair and equal opportunity to prove his/her skills and knowledge of the content in the examination. Special accommodation requests vary according to the type and degree of a disability. Decisions made on special accommodation requests are made on an individual basis and will depend on the disability and documentation provided.

Special accommodations will be made to afford a candidate with disabilities an opportunity, equal to that of a non-disabled candidate, the opportunity to prove the required skills and knowledge.

All candidates requesting special accommodations to take a licensing examination must fully complete and submit the *Request for Special Examination Accommodations* form included in this packet along with acceptable supporting documentation. The *Request* and supporting documentation should be submitted with the application for examination or as soon as possible.

Documentation submitted by the candidate with disabilities is confidential. Candidates who request changes to previously approved special accommodations must submit a new *Request for Special Examination Accommodations* form and supporting documentation for Board review and approval.

#### D. Supporting Documentation

Qualified candidates requesting special accommodations due to a disability must provide acceptable supporting documentation of the disability at their own expense. Provided supporting documentation must specify the extent needed to modify routine examination procedures to prevent the candidate's disability from interfering with his/her ability to prove their knowledge and skill by taking the examination.

The candidate must also provide all medical, psychological, or educational evaluations that were used by professional health service providers in determining the disability. Candidates who have had special accommodations provided them during their professional study program must submit a letter from the program head that explains the extent the candidate's disability required special testing accommodations, the types of accommodations provided the candidate while attending the program, and justification for the special accommodations provided the candidate.

Candidates for special accommodations who have recently developed or have recently been identified as having a disability, just prior to the completion of their professional study program or more than a year since completion of their study program must submit current (no older than one year) documentation as follows:

- \* Candidates with newly identified physical and/or mental disabilities must provide detailed letters or reports from appropriate physicians or other licensed health service providers who have diagnosed or treated the candidate's disability. The letters or reports must state the nature and extent of the disability, recommendations for special accommodations, and an explanation and justification for the necessity of the recommended accommodations.
- \* Candidates with newly identified psychological and/or learning disabilities must provide result reports for appropriate professional evaluations providing diagnosis, classification of the disability, recommendations for special accommodations, and an explanation and justification for the necessity of the recommended accommodations.

In determining special accommodations, the Board will consider the extent that submitted documentation defines the limitations imposed by the disability and just how the recommended special accommodations will minimize or overcome these limitations without compromising the integrity of the examination being taken or give the disabled candidate an unfair advantage over non-disabled candidates.

#### E. Special Accommodations

Following are descriptions that identify some of the disabilities that may warrant special accommodations to take licensing examinations.

- a. Blindness: Candidates without vision or with unreliable vision who need to rely on the sense of touch and /or sense of hearing as a means to obtain information and also need modifications in the usual mode of answering examination questions.
  - i. Example accommodations
    - \* Braille booklets
    - \* Tape-recorded booklets
    - \* A reader
    - \* A scribe
    - \* Recording device for recording answers
    - \* A "talking" computer
    - \* Extra time
    - \* An individual proctor
    - \* Test location accessible by mass transit
- b. Partially sighted or low vision:

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## SPECIAL ACCOMMODATION REQUESTS FOR CANDIDATES TAKING LICENSING EXAMINATIONS

To request reasonable testing accommodations, complete this form, attach all appropriate documentation (as described on the back of this form), and submit it with the application. If you have any questions regarding your request, contact the Board office at 225-342-2176, fax 225-342-2142, or email admin@lsbvm.org

Name \_\_\_\_\_  
First Middle Last

Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_ Alternate Phone (\_\_\_\_) \_\_\_\_\_

Examination(s) for which you are requesting testing accommodations:

\_\_\_\_\_ Date of Exam \_\_\_\_\_  
\_\_\_\_\_ Date of Exam \_\_\_\_\_  
.....

Please print name and title of professional(s) who diagnosed disability.

Name \_\_\_\_\_ Title \_\_\_\_\_

Date Diagnosed \_\_\_\_\_

Disability (check all that apply):

- |  |   |
|--|---|
| <input type="checkbox"/> Learning Disability | <input type="checkbox"/> Visually Impaired            |
| <input type="checkbox"/> Physical Disability | <input type="checkbox"/> Deaf                         |
| <input type="checkbox"/> Hard of Hearing     | <input type="checkbox"/> Emotional Disability         |
| <input type="checkbox"/> Blind               | <input type="checkbox"/> Other (please specify) _____ |

Testing accommodations you have been granted for this disability (please check all that apply, and if not applicable, please continue on next page):

- Additional Testing time (percent additional time granted): \_\_\_\_\_ %  
 Separate testing location (describe location): \_\_\_\_\_  
 Assistance (describe type of assistance): \_\_\_\_\_  
 Other (describe): \_\_\_\_\_

Accommodation(s) were granted at (check all that apply):

- Elementary School  High School  Professional Program  College

Standardized examination(s) for which you were granted accommodations (check all that apply):

SAT     ACT     Graduate Records (GREs)

Describe the types of examination(s) (multiple choice, essay, computer-based, etc.) for which you received these accommodations: \_\_\_\_\_

Accommodation which you are requesting (check all that apply):

Additional Testing time (percent additional time granted): \_\_\_\_\_%

Separate testing location (describe location): \_\_\_\_\_

Assistance (describe type of assistance): \_\_\_\_\_

Other (describe): \_\_\_\_\_

**DIRECTIONS FOR REQUIRED ATTACHMENTS**

**Candidates requesting reasonable accommodations because of disabilities must provide (at their own expense) the following acceptable documentation:**

- Attach a copy of all evaluations (psychological, medical and/or educational) used to diagnosis this disability.
- Attach a letter from your professional program’s Coordinator for Individuals with Disabilities or from the Department Chairperson explaining the extent to which your disability required testing modifications, the types of accommodations that were made for you while at the school, and the *justifications* for the reasonable accommodations that were made. The evaluations and justifications should define the precise limitations imposed by the disability and how the granted testing accommodations minimized/overcame the limitations without providing an unfair advantage to you.

**A candidate who has developed or has been identified as having a disability subsequent to the completion of a professional program of study, or who has completed a professional program more than one year ago, must provide current (no older than one year) documentation as follows:**

- A candidate with newly identified physical and/or medical disability must attach detailed letters/reports from appropriate physicians or other licensed professional health-service providers who have diagnosed and/or treated the candidate’s physical/medical disabilities stating the nature and extent of the candidate’s disabilities, all recommendations for reasonable testing accommodations, and provide explanations of how and why the recommended accommodations are justified and necessitated by the candidate’s disabilities.
- A candidate with newly identified psychological and/or learning disabilities, must provide reports of the results of appropriate professional evaluations (e.g., psychoeducational reports) that include diagnoses/classifications of the disabilities, all recommendations for reasonable testing accommodations, and explanations of how and why the recommended accommodations are justified and necessitated by the candidate’s disabilities.

**AFFIRMATION**

Under penalties of perjury, I declare and affirm that the statements made in this requires, including accompanying documents, are true, complete, and correct. I understand that any false or misleading information in, or in connection with, my application may be cause for denial or loss of professional licensure.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date