

## Accommodations Request Form

### **Please type or clearly print responses to the following:**

***(Please Note: This form is to be completed by applicant)***

1. Name: \_\_\_\_\_

2. AAMC ID # (if available): \_\_\_\_\_

3. Address: \_\_\_\_\_

4. City, State, Zip: \_\_\_\_\_

5. Telephone Number: \_\_\_\_\_

6. E-mail address: \_\_\_\_\_

7. Nature of your impairment (check all that apply):

\_\_\_\_\_ Learning Disability

\_\_\_\_\_ ADHD

\_\_\_\_\_ Psychiatric Disorder (e.g., Anxiety Disorder, Depression, OCD)

\_\_\_\_\_ Physical Disability (e.g., visual impairment, hearing impairment, mobility impairment, chronic medical conditions)

\_\_\_\_\_ Other: \_\_\_\_\_

8. When were you first diagnosed with your condition:

Year: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

9. Have you taken the MCAT? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, when? \_\_\_\_\_

10. Describe your history of receiving accommodations (elementary school, high school, college, previous standardized tests such as the ACT or SAT):

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\_\_\_\_\_  
\_\_\_\_\_

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11. *Other than testing accommodations*, describe what strategies, devices, or medications you ordinarily use to manage your condition:

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12. Describe how the above-described strategies are insufficient to manage your condition on the MCAT:

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13. Describe when, how, and by whom your condition has been documented in the past (use a separate page if necessary):

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14. What accommodations on the MCAT do you believe you need?

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15. Provide a rationale for why you believe each of these accommodations is necessary (use a separate page if necessary):

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### CHECKLIST

Please be sure you include **TWO (1 original & 1 photocopy)** of **EACH** of the following materials in your request for accommodations packet:

\_\_\_\_\_ **Accommodations Request Form**

\_\_\_\_\_ **Documentation from your evaluator (e.g., physician, psychologist)**

\_\_\_\_\_ **Evidence of previous accommodations (e.g., IEPs, letter from a college's Office of Disability Services, verification of accommodations from previous standardized exams such as the SAT or ACT)**

Association of American Medical Colleges  
Attn: Saresa Davis, Mailroom Supervisor  
MCAT Office of Accommodated Testing  
2450 N Street NW  
Washington, DC 20037

It is in your best interest to provide the required materials as far in advance of your desired test date as possible. Whenever possible, AAMC documentation specialists will indicate what (if any) specific pieces of documentation are missing in order to make an informed decision about testing accommodations.

*Your request and documentation will not be returned to you. We advise you to retain copies of everything you submit.*