Extension of MCAT® Exam Accommodations

Instructions:
(Please note: This application should be completed by the examinee.)

The accommodations approval letter you received from MCAT® Accommodation Services indicates a specific period of time during which you are eligible to receive accommodations. After this period of eligibility has expired, you must obtain an extension of your accommodations approval to continue to receive testing accommodations during future test administrations. If the documentation materials supporting your request meet our recency requirements, you may request an extension of your approved accommodations by submitting this form. If your supporting documentation no longer meets recency requirements to support accommodations for current test administrations, you must provide an update from a qualified professional indicating a continuing need for the requested accommodations.*

Requests for accommodations beyond those granted in your most recent approval letter cannot be considered via the Extension process. Additional accommodations must be requested using either the Reconsideration or the Appeal process (see our website for more information about these processes). For privacy and security reasons, applications for an extension of approved accommodations (and any associated documentation) will not be accepted via email or fax.

To request an extension of your approved accommodations, please follow these three steps:

1) Complete the Extension application form.
2) Review previously submitted documentation. Obtain updated documentation to support your request, if necessary.*
3) Submit the Extension application form (see attached) and any supporting documentation (if necessary) by mail to the following address:

   Association of American Medical Colleges
   Attn: Mailroom Supervisor
   MCAT Accommodation Services
   655 K Street NW, Suite 100
   Washington, DC 20001

You will be informed in writing when we receive your application. Please remember that it may take up to 30 days to review your request. Once your review has been completed, you will receive notification of the determination in writing.

*Recency requirements for extensions of prior accommodation approvals may, in certain cases, differ from those for initial applications. If you believe that your accommodations documentation may require an update, you may wish to contact us by email at accommodations@aamc.org for clarification before submitting your application.
Request for Extension Form

Please type or clearly print responses to the following:

1. Name: __________________________________________________________________

2. AAMC ID: _______________________________________________________________

3. Address: __________________________________________________________________

4. City, State, Zip: __________________________________________________________________

5. Telephone Number: __________________________________________________________________

6. E-mail address: __________________________________________________________________

7. Date of previous MCAT Accommodations approval letter: __________________________________________________________________

8. Please indicate the nature of your impairment: __________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

9. I am requesting an extension of approval status for the following testing accommodation(s):

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

Name of Applicant: __________________________________________________________________

Signature: __________________________________________________________________

Date: __________________________________________________________________

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