

## Reconsideration for MCAT® Exam Accommodations

### **Instructions:**

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

If your request for accommodations was not approved, you have the option of requesting a re-review of your application through the Reconsideration process. To be considered a Reconsideration, your request must include the submission of new and substantial information (e.g., new test results, documentation of a new diagnosis, documentation of accommodations not previously submitted, input from a new qualified professional, etc.). A letter of dissent written by you or your qualified professional is not, in and of itself, sufficient documentation to support a Reconsideration request. For privacy and security reasons, Reconsiderations will not be accepted via fax.

Effective March 13, 2020, the MCAT Accommodation Services staff is under mandatory telework until further notice. Consequently, we will be unable to receive mailed-in documentation(s) submitted via mail at this time.

To submit a Reconsideration, please follow the steps below:

- 1) Complete the Reconsideration application form.
- 2) Collect all additional documentation to support your request. You may wish to consult your evaluator or qualified professional for assistance in identifying what documentation to submit in support of your Reconsideration request.
- 3) Submit the completed Reconsideration application form (see attached) and your supporting documentation to the following email address:

[MCAT\\_Accoms\\_Docs@aamc.org](mailto:MCAT_Accoms_Docs@aamc.org)

Reconsideration requests may, at the discretion of the Director of Accommodations Review, be forwarded to an external reviewer with expertise in the area of your impairment. Your information will be kept strictly confidential. We do not release the name or contact information of the external reviewer.

You will be informed in writing when we receive your Reconsideration 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.

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

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

\_\_\_\_\_ ADHD

\_\_\_\_\_ Psychiatric Disorder (e.g., depression, anxiety)

\_\_\_\_\_ Physical Disability (e.g., chronic medical condition)

\_\_\_\_\_ Sensory Disability (e.g., hearing impairment, visual impairment)

\_\_\_\_\_ Acquired Brain Injury (e.g., post concussive syndrome)

\_\_\_\_\_ Other (e.g., pregnancy)

8. Which accommodations would you like to be considered through the Reconsideration process?

\_\_\_\_\_

9. Please include an updated personal statement that includes a thorough discussion of your reason(s) for seeking a Reconsideration and identifies the new documentation that you are submitting in support of your request.

**Name of Applicant:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_