

# AAMC Video Interview Tool for Admissions: Request for Accommodations

**Note:** This document is a fillable PDF form. Please download the form and save it to your device before entering information into the form.

## General Instructions:

Before completing this application, please read the Standard Video Interview Conditions section of the [AAMC Video Interview Tool for Admissions: Essentials](#). If you then determine you have a medical condition that you believe requires an adjustment to the conditions of the AAMC Video Interview Tool for Admissions (VITA™), please complete this form. Invitations for the interview may be sent out any time during the interview window (early August 2020 through April 30, 2021, at 11:59 p.m. ET). Therefore, we strongly recommend you apply for accommodations even before you are invited to an interview, or as quickly as possible after receiving your interview invitation, to increase the likelihood of interviewing with any approved accommodations.

The AAMC will notify you via email with a decision. The AAMC will begin sending decisions in late July for all Request for Accommodations forms received by July 24. Decisions for applications received after July 24 will be emailed within seven days upon receipt of your request. The review period does not begin until we receive a complete request form and all required supporting documentation. Some decisions may take longer if we need to request additional documentation.

## Biographical Information

Please provide the following biographical information:

Name: \_\_\_\_\_

AAMC ID: \_\_\_\_\_

Email: \_\_\_\_\_

Phone number: \_\_\_\_\_

## Accommodations

1. Please tell us what accommodations on the AAMC VITA you believe you need.

<input type="checkbox"/>	Extended exam time. Please tell us how you would like the extended time applied:
	<input type="checkbox"/> To read the interview questions
	<input type="checkbox"/> To read and respond to the interview questions

<input type="checkbox"/>	Interview questions in audio format
<input type="checkbox"/>	Ability to provide written responses to questions
<input type="checkbox"/>	Other: _____

2. Provide the nature of your current impairment(s) that may require accommodations. (Check all that apply.)

<input type="checkbox"/>	Learning disability
<input type="checkbox"/>	ADHD
<input type="checkbox"/>	Psychiatric impairment
<input type="checkbox"/>	Physical impairment

3. Briefly explain why you believe the requested accommodations are necessary for you to complete the virtual interview:

## Required Documentation

Please select from the choices below, and include required documentation with your request form, if applicable. Check all that apply.

Select One	Status Description	Required Documentation
<input type="checkbox"/>	I have previously received an approval for MCAT <sup>®</sup> accommodations. Year of approval: _____	No additional documentation required; the AAMC VITA team will refer to your previously submitted documentation.
<input type="checkbox"/>	I have a current application pending for MCAT accommodations.	No additional documentation required at this time; the AAMC VITA team will refer to the

		documentation you submitted with your MCAT application.
<input type="checkbox"/>	I do not have a previous approval or pending application for MCAT accommodations.	<p>Submit documentation. Document types accepted:</p> <ul style="list-style-type: none"> <li>• Evaluation from a health care provider.</li> <li>• Documentation of accommodations provided by your undergraduate institution.</li> <li>• Documentation of accommodations for another standardized exam (e.g., SAT, ACT, GMAT, LSAT, etc.).</li> </ul>

## Certification and Authorization

Check the following boxes to indicate acceptance of the terms related to your request for accommodations for the AAMC Video Interview Tool for Admissions.

<input type="checkbox"/>	I understand that the AAMC, at its sole discretion, may require me to provide additional supporting documentation regarding my request for AAMC VITA accommodations, and I agree to promptly provide such required documentation. Further, when appropriate, I understand my information may be disclosed to qualified independent reviewers for the purpose of evaluating my eligibility for accommodations.
<input type="checkbox"/>	I understand that my request for AAMC VITA accommodations, including this form and any requested supporting documentation, must be received by the AAMC sufficiently in advance of the exam scheduling deadline to provide adequate time to evaluate and process my request.
<input type="checkbox"/>	I acknowledge and agree that the information I submit related to my request for AAMC VITA accommodations may be used for research purposes pursuant to the <a href="#">AAMC Privacy Statement</a> and the <a href="#">AAMC Policies Regarding the Collection, Use, and Dissemination of Medical Student and Applicant Data</a> .

By signing below, I certify that all forgoing information in this form is true and complete to the best of my knowledge.

**Signature:**

**Date:**

Submit this form to [VITAaccommodations@aamc.org](mailto:VITAaccommodations@aamc.org). For more information on the request process, visit the [AAMC VITA accommodations webpages](#).