



Health Professional Assessment and Recommendations

The National Examining Board (NEB) is a body established by the Canadian Veterinary Medical Association to administer the NEB veterinary medicine examination process. Candidates who successfully complete the NEB Examination are granted a Certificate of Qualification (CQ). Successful completion of the NEB Examinations or receipt of a Certificate of Qualification is a prerequisite to apply for a general license to practice from any of the provincial veterinary licensing bodies of Canada. The rigorous certification process administered by NEB ensures the quality of veterinarians entering practice.

The purpose of exam accommodations:

A major component of NEB's mission is to provide candidates with valid examinations and a fair examination process. For candidates with disabilities and resulting functional limitation(s), exam accommodations may ensure their equal access to the examination. The purpose of exam accommodations is not to guarantee a successful result nor to optimize performance, but rather to ensure that functional limitations do not prevent a candidate's equal participation in a NEB examination compared to that of other individuals who do not have such limitations. Exam accommodations are intended to ensure that test takers with disabilities are neither advantaged nor disadvantaged in comparison with non-disabled test takers.

Completing and submitting this form:

In order to enable us to assess your patient's request for exam accommodations, the NEB requires your completion of this form and submission of other relevant supporting documentation, including objective evidence, to help determine:

- Whether your patient has a disability
- Whether this disability results in functional limitations that impact your patient's ability to participate equally in a NEB examination under standard conditions
- Reasonable exam accommodations to lessen the impact of such functional limitations on your patient's ability to participate equally in a NEB examination

Determination of your patient's functional limitations that is based solely on the patient's self-reporting of symptoms or limitations is not sufficient to qualify for exam accommodations. As such, we request that you objectively report functional limitations, their impact on your patient's ability to participate equally in the examination process, recommend appropriate and reasonable exam accommodations and provide reasons as to how those accommodations will assist in your patient's equal participation in the examination process.

Please complete this form electronically and completely. Submit this completed form along with any supporting documentation to the NEB by email at neb-bne@cvma-acmv.org.





Canadian Veterinary
Medical Association
Association canadienne
des médecins vétérinaires

1. NEB Candidate Information:

Name:

Date of birth(dd/mm/yyyy):

2. Health Professional Information:

Full Name:

Designation:

License/certi. #:

Work address:

Work email:

Please affix office stamp

I confirm that all the information on this form and any attachments are true and correct to the best of my knowledge. I understand that the information on this form and any attachments may be reviewed by a third-party consultant, including an exam accommodations consultant or other experts as part of the NEB exam accommodations review process, and I hereby consent to the disclosure and use of such information for these purposes. I further acknowledge that the completed *Health Professional Assessment and Recommendations* form and any included attachments will be relied upon for the purpose of determining any reasonable exam accommodations and that the opinions contained therein may constitute a medicolegal opinion for legal purposes. By signing here, I confirm that I have read and understood the information on page 1.

Signature (e-signature not accepted):

Date(dd/mm/yyyy):





3. Confirmation and Summary of Patient Condition:

- a. Enter the date when you conducted your patient's diagnostic evaluation (dd/mm/yyyy):
- b. In 2-3 sentences, describe the nature of your patients' functional limitations and how they impact daily life (e.g. interpersonal relationships, personal organization, employment, driving record, daily life activities). Do not comment here on their impact in academic settings, including examinations.
- c. Did you consider any other conditions or factors that might explain any observed functional limitations (e.g. motivational factors) prior to making your diagnosis? If yes, how were these conditions or factors objectively evaluated?

4. Examination Formats and Information:

The information below is provided in order to assist you in determining whether your patient's functional limitations will impact their ability to participate equally in the examination process.

Computer-based Multiple-Choice Examinations

The **Basic and Clinical Sciences Examination (BCSE)** consists of 225 multiple-choice questions, many with graphics, which must be completed within a 220-minute test session.

The **North American Veterinary Licensing Examination (NAVLE)** consists of 360 multiple choice questions. Approximately 15-20% of the questions include relevant graphic or pictorial information. The NAVLE requires one full day to complete.

Objective Structured Clinical Examinations (OSCE)





The **Clinical Proficiency Examination (CPE)** is a practical examination of the candidate's medical and surgical skills. It is designed to assess the candidate's ability to handle actual medical, surgical and diagnostic problems in a clinical or hospital setting. The CPE involves the examination and treatment of live animals and the performance of routine laboratory procedures. The CPE consists of seven sections. Each section requires between 45 minutes to four hours to complete, with the entire exam administered over a period of several days, depending on the exam administration site.

- the estimated total time for the Anaesthesia section is 4 hours;
- the estimated total time for the Surgery section is 2.5 hours;
- the estimated total time for the Equine Practice section is 2.25 hours;
- the estimated total time for the Food Animal Practice section is 3 hours;
- the estimated total time for the Necropsy section is 1.5 hours;
- the estimated total time for the Radiographic Positioning section is 45 minutes;
- the estimated total time for the Small Animal Medicine section is 2.25 hours.

5. **Assessment:**

Summarize the methods you used to identify and quantify the severity of your patient's functional limitations and highlight findings pertinent to the request for exam accommodations.





6. Summary of Functional Limitation(s):

List your patient's current functional limitation(s) including history and time frames that impact daily life and ability to participate equally in a NEB examination under standard conditions.

Functional Limitation(s)	History and Time Frames	Impact on Daily Life and Ability to Participate in Examinations

7. Recommended Exam Accommodation(s):

Recommend exam accommodations and provide a brief reason for each requested accommodation.

Computer-based Multiple-Choice Examinations

- ☐ Additional testing time – during this time, candidate can view and answer questions. 25% extra time is the standard amount offered. More than 25% extra time requires evidence of profound impairment in multiple major life areas.

Reason:





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☐ More frequent breaks – during this time, candidate cannot view and answer questions

Reason:

☐ Other accommodations

Reason:

Objective Structured Clinical Examinations (OSCE)

☐ Additional testing time (for written documentation parts ONLY) – No extra time will be provided to complete the encounter where clinical or surgical procedures are being performed. Conducting clinical or surgical procedures in a timely manner is an essential requirement of being a veterinarian. Extending time during clinical or surgical procedures would potentially cause risk to the patient (e.g. infection risk, prolonged sedation or anesthesia, etc.).

Reason:

☐ More frequent breaks – during this time, candidate cannot view and answer questions

Reason:

☐ Other accommodations

Reason:

8. Please submit your completed form along with any supporting documentation to [neb-
bne@cvma-acmv.org](mailto:bne@cvma-acmv.org).



339, rue Booth Street
Ottawa (Ontario) K1R 7K1

t 800-567-2862
f 613-236-9681

admin@cvma-acmv.org

canadianveterinarians.net

veterinairesauCanada.net