



Request for Testing Accommodations for English Language Learner (ELL)

Complete this application and submit to nunce@med.umich.edu. Accommodations will not be provided at the exam site unless prior approval by ABCN has been granted. Do not schedule the exam until you receive notification of approved accommodations. If the board does not find sufficient evidence to grant accommodations you will be informed of the denial. Please allow 60 days for processing.

Name		Email	
Mailing Address		Telephone #	

1. At what age did you learn English? _____

2. What is your first language? _____

3. In what language do you feel most comfortable? What do you consider your dominant language?

4. Was any of your education completed at a school outside of the United States where at least 50% of the coursework was presented in a language other than English? Yes No

If yes, indicate the country where the schooling was obtained and the primary language of instruction.

Primary education (K through 8)	Country: Primary Language of Instruction:
Secondary education (9 through 12)	Country: Primary Language of Instruction:
Undergraduate education	Country: Primary Language of Instruction:
Graduate education	Country: Primary Language of Instruction:
Fellowship	Country: Primary Language of Instruction:

5. If you received some of your education in the U.S. or Canada, were you identified as an English Language Learner (ELL) or English as a Second Language (ESL) student? Yes No

6. Were you provided ELL support for standardized exams, e.g., SAT/ACT, EPPP? Yes No
If yes, what support were you provided?

7. Were you provided ELL support during graduate school? Yes No
If yes, what support were you provided?

8. Were you provided ELL support during fellowship? Yes No
If yes, what support were you provided?

9. Have you taken the TOEFL? Yes No
If yes, when did you take the exam? _____
What was your score? _____

10. Describe what accommodation you are requesting and provide rationale.

I certify that the above information is true and accurate. I understand that knowingly providing false information or omitting pertinent information may be grounds for denial of this application. If clarification or further documentation is needed, ABCN may request to contact professionals or organizations that have provided me with language accommodations in the past.

Signature of Candidate

Date