Request for Testing Accommodations for English Language Learner (ELL)

Complete this application and submit to nunce@med.umich.edu. Accommodations will not be provided 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.

<table>
<thead>
<tr>
<th>Name</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mailing Address</td>
<td>Telephone #</td>
</tr>
</tbody>
</table>

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 __________________________