

# The AAMC Situational Judgment Test Application for Accommodations

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

**This application is submitted for:**

**AAMC SJT Exam Accommodations**

Before completing this application, please read about the standard [Situational Judgment Test](#) conditions. If you believe you have a disability, impairment, or medical condition that requires an adjustment to the standard conditions for either the AAMC Situational Judgment Test, please apply for accommodations as soon as possible.

## Biographical Information

Please provide the following biographical information:

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

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

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

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

## Current MCAT® Accommodations Status

Please tell us your current status related to requesting accommodations for the MCAT exam. When applicable, we will rely on your MCAT accommodations approval or documentation submitted with your MCAT accommodations application.

Select One	MCAT Accommodations Status Description	Processing Time <sup>1</sup>
<input type="checkbox"/>	I have an unexpired approval (valid through the 2021 testing year) for MCAT accommodations AND I am not requesting accommodations that differ from my MCAT accommodations approval. Year of approval: _____	15 days
<input type="checkbox"/>	I have an unexpired approval (valid through the 2021 testing year) for MCAT accommodations and I am requesting additional or different accommodations than those I received for the MCAT exam. <sup>2</sup>	60 days

	Year of approval: _____	
<input type="checkbox"/>	I have a current application (Initial or Extension) pending for MCAT accommodations.	60 days
<input type="checkbox"/>	I do not have a previous approval or pending application for MCAT accommodations. <sup>2</sup>	60 days

<sup>1</sup> Processing time begins when the AAMC receives your complete application, including required supporting documentation (if applicable).

<sup>2</sup> Requires submission of documentation to [sitaccommodations@aamc.org](mailto:sitaccommodations@aamc.org) in addition to your application. For documentation guidance please visit the [SJT Accommodations](#) web pages. Any submitted SJT accommodations documentation does not replace documentation required for a future MCAT Accommodations Application.

## Accommodations

1. Please tell us what accommodations you believe you need to take the AAMC SJT exam.

Extended Time	Personal Items	Vision Aids	Other
<input type="checkbox"/> Regular time + 25%	<input type="checkbox"/> Medication	<input type="checkbox"/> Screen Reader	<input type="checkbox"/> Break Time
<input type="checkbox"/> Regular time +50%	<input type="checkbox"/> Diabetic Supplies	<input type="checkbox"/> Enlarged Font	<input type="checkbox"/> Scribe
<input type="checkbox"/> Regular time +100%	<input type="checkbox"/> Food and beverage		<input type="checkbox"/>

2. 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"/>	Sensory (e.g. visual or hearing) impairment
<input type="checkbox"/>	Acquired brain injury (ABI)
<input type="checkbox"/>	Diabetes or other medical condition that requires medication
<input type="checkbox"/>	Physical impairment
<input type="checkbox"/>	Other _____

3. Briefly explain why you believe the requested accommodations are necessary for you to take the AAMC SJT exam:

4. What previous accommodations have you received? You may skip this question if you have previously been approved for MCAT accommodations for the same impairment as noted above.

## Certification & Authorization

Check the following boxes to indicate acceptance of the terms related to your request for accommodations for the AAMC Situational Judgment Test.

- I understand that the AAMC, at its sole discretion, may require me to provide supporting documentation regarding my accommodations request, 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.
- I understand that my request for accommodations, including this form and any requested supporting documentation, must be received by the AAMC sufficiently in advance of my taking the assessment, to provide adequate time to evaluate and process my request.
- I acknowledge and agree that the information I submit related to my accommodations request may be used for research purposes pursuant to the [AAMC Privacy Statement](#) and the [AAMC Policies Regarding the Collection, Use, and Dissemination of Medical Student and Applicant Data](#).

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

**Signature:**

**Date:**

For more information on the application process, visit the [SJT Accommodations](#) web pages.

