



# Request for Appeal for AAMC PREview™ Accommodations

Do you want to request a re-review without providing any new and substantial information?

If your request for accommodations was partially approved or denied and you would like your application to be re-reviewed, but you do not have any additional or substantially different documentation to provide, you may request an Appeal. **Please note that an Appeal may only be submitted once and determinations are final.** Carefully consider whether a Reconsideration or an Appeal is the next best step.

- To submit an Appeal, please follow the steps below:
- Complete the attached Appeal Form. Submit your request to [previewaccommodations@aamc.org](mailto:previewaccommodations@aamc.org)

## **Please note:**

- The standard review time for Reconsiderations and Appeals is 30 days.
- If you have been approved for any part of your original request, the AAMC PREview staff will still apply your approval to your AAMC PREview exam appointment.
- Should we approve additional accommodations as a result of a Reconsideration or Appeal, the PREview staff will update your appointment accordingly.



## Request for Appeal

### Biographical Information

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

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

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

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

### Appeal Information

1. Nature of your impairment (check all that apply):

\_\_\_\_\_ Learning Disability

\_\_\_\_\_ ADHD

\_\_\_\_\_ Psychiatric Disorder (e.g., depression, anxiety)

\_\_\_\_\_ Physical Disability (including chronic medical conditions)

\_\_\_\_\_ Sensory Disability (e.g., hearing impairment, visual impairment)

\_\_\_\_\_ Acquired Brain Injury (e.g., post concussive syndrome)

\_\_\_\_\_ Other (e.g., pregnancy)

2. Which accommodations would you like to be considered through the Appeal process?

3. Please explain your reason(s) for seeking an Appeal. For example, you may feel as though some of the information in your documentation was misinterpreted.

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

**Signature:**

**Date:**