



# Request for Reconsideration for AAMC PREview™ Accommodations

Do you have new and substantial information to provide as part of a re-review?

You may have concerns about your determination and wish to have your application re-reviewed. Should you so choose, you have the option of requesting a Reconsideration.

Your Request for Reconsideration should include new and substantial information, such as new test results or information from a qualified professional, not previously submitted. A letter of appeal written by you or your qualified professional is insufficient for a Reconsideration.

To initiate a Reconsideration, please follow the steps below:

1. Complete the attached Reconsideration Form.
2. Collect all additional documentation supporting your request. You may wish to consult a qualified professional for assistance identifying the appropriate supporting documentation.
3. Ensure that all documents are submitted together, in one package, to [previewaccommodations@aamc.org](mailto:previewaccommodations@aamc.org).

**Please note:** The standard review time for Reconsiderations 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 staff will update your appointment accordingly.



## Request for Reconsideration

### Biographical Information

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

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

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

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

### Reconsideration 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 Reconsideration process?

3. Please include an updated personal statement that includes a thorough discussion of your reason(s) for seeking a Reconsideration and identifies the new documentation that you are submitting in support of your request.

**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:**