**Request for ADA Accommodations Application**

**INSTRUCTIONS**

1. Read the Accommodation Process in the Student Handbook <https://www.rvu.edu/wp-content/uploads/2020/08/RVU_Catalog_Handbook_2020-2021_Updated20200807.pdf>
2. Read the Request for Accommodation Application in its entirety.
3. Complete, date and sign the Candidate Questionnaire
4. Obtain the necessary documentation from the qualified professional(s) who evaluated your impairment/s
5. Submit all documentation and questionnaire to the Student Affairs office (studentaffairs@rvu.edu) or your educational specialist (Jessica Burr in Utah [jburr@rvu.edu](mailto:jburr@rvu.edu) or Courtney Irish in Colorado [cirish@rvu.edu](mailto:cirish@rvu.edu) )
6. Retain copies of your questionnaire and documentation for your records

***\*\* Please note that review of request for accommodations will not begin until all documentation is received by your ADA Officer or campus educational specialist. The process of review can take up to three weeks. The candidate will receive notification regarding the decision on their accommodation request after review and recommendation from the ADA Committee is finalized. If accommodation/s is granted, instructions for receiving accommodations/logistics will be sent by the Office of Testing.***

***\*\* \* All candidates seeking disability accommodations are strongly advised to consult the RVU Student Handbook for additional applicable information and any updated requirements that pertain to the application process.***

In order for a request for an accommodation request to be considered, candidates must submit all of the following documentation:

1. A completed Candidate Questionnaire (*Request of ADA Accommodations Application*)
2. An evaluation from a qualified professional explaining in detail the following:
   1. Diagnosis of the physical or mental impairment.
   2. Identification of the major life activity/activities of the candidate, limited by his or her impairment, and an explanation of how the candidate’s impairment substantially limits that major life activity/activities as compared to most people.
   3. The specific modifications to examination administration needed to accommodate the candidate’s impairment to make the examination accessible to the candidate.
   4. Explanation for why accommodation(s) requested is necessary in a testing setting.
3. The date(s) of the assessment of the candidate’s impairment(s).
4. A clear and comprehensive description of the **specific diagnostic criteria** used and the names of all diagnostic tests administered, including date(s) of evaluation, a list of specific test results in standard score format and a **detailed interpretation of the test results** in support of the diagnosis (the tests used must be reliable, valid and standardized to an adult population).
5. All relevant **educational, developmental and medical history** pertaining to the candidate’s impairment(s) must be provided.
6. If accommodations were provided in a prior educational setting (elementary, high school college), a letter from those institutions verifying the accommodation/s and date/s when provided is needed. If accommodations were approved for any standardized exams (ACT/SAT/MCAT), a letter verifying the accommodations and the date approved is needed.
7. A description of the treatment, if any, that has been prescribed or provided for the diagnosed impairment.
8. A history of treatment provided to the candidate by the evaluating professional.
9. The qualifications of the evaluating professional.

***\* If all the information listed above is not provided, the Request for ADA Accommodations Application is considered incomplete and a decision from the ADA Committee on the request will not be made until all the information requested has been submitted and is complete.***

***\*\*The most recent assessment date should be no more than 24 months prior to the candidates request for accommodations at RVU. The assessment must provide clear evidence that a specific disability exists.***

**CONSIDERATION PROCESS**

RVU provides reasonable and appropriate accommodations for candidates with a documented physical or mental impairment that substantially limits a major life activity of the candidate, as compared to most people, as required by the ADA. Before an accommodation request will be considered, the Application for Accommodations, including the Candidate Questionnaire using the form included with this request, must be completed and submitted to the ADA Officer or campus educational specialist, **with all required supporting documentation**.

The applicant is responsible for obtaining documentation, including the cost of providing documentation. RVU reserves the right to request additional documentation. RVU reserves the right to verify all information and documentation provided in support of the request for an accommodation. If an applicant deliberately misrepresented any information provided for accommodation consideration, RVU may refuse the accommodation request and student could be disciplined for a professionalism violation.

**RECONSIDERATION PROCESS**

A candidate who has been denied a requested accommodation by RVU may, at any time **prior to the examination,** resubmit his/her application to their campus ADA Officer or educational specialist with a request for reconsideration of the request for accommodation if **new or additional compelling diagnosis, data, findings or other information** is provided that would warrant reconsideration of the request. The campus ADA Officer or educational specialist will submit the additional information to the ADA Committee for review and advise the candidate of any revision in the accommodation decision when such information is verified and processed.

**REQUEST FOR MODIFICATION OF ACCOMMODATION**

Any request for a modification of an accommodation granted by RVU must be **in writing and received** by the campus ADA Officer or educational specialist **prior to the examination/activity** for which accommodations are being requested, with appropriate documentation. The request for a modification of a previously granted accommodation will be reviewed by the ADA Committee the same as the original application and may be denied.

**Application for Requesting Accommodations**

**Candidate Questionnaire**

**INSTRUCTIONS**

1. Complete the entire questionnaire and answer all questions (attach additional pages if more space is needed to properly and fully respond to this questionnaire).
2. Include all required documentation (see instructions accompanying this application form)
3. **Submit** this Candidate Questionnaire form and all supporting documentation to the Student Affairs office (studentaffairs@rvu.edu) or the campus educational specialist (Jessica Burr in Utah [jburr@rvu.edu](mailto:jburr@rvu.ed) or Courtney Irish in Colorado [cirish@rvu.edu](mailto:cirish@rvu.edu)) .

***\* It is recommended that all documentation be submitted via a traceable or return-receipt method in order to verify timely delivery.***

***\*\*The application and all documentation supporting this request for accommodation should be typed or neatly printed. Illegible materials will not be considered.***

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_RVU Student ID #\_\_\_\_\_\_\_\_\_\_\_Date \_\_\_\_\_\_\_\_\_\_\_\_

Program/Class: COM \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_MSBS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PA: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Personal Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Impairment: I have been diagnosed with the following physical or mental impairment/s that substantially limit my major life activity/activities.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Describe in detail how impairment(s) substantially limit/s your major life activity/activities: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. **Diagnosis:** Has your impairment been professionally diagnosed? No \_\_\_\_ Yes \_\_\_\_. If so, my impairment was diagnosed on \_\_\_\_\_\_\_\_\_\_\_\_\_ (date(s)) by the following professionals:
   1. Name and qualifications of professional(s) diagnosing or treating my impairment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
   2. Describe all treatment, medication/s and/or remediation/s you have received for your impairment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
   3. Have you ever received a diagnosis or opinion that you do not have the impairment? No \_\_\_\_ Yes \_\_\_\_. If so, state the date of such diagnosis or opinion, the name, address and qualifications of the professional or other person expressing such diagnosis or opinion, and include with this application any report or other documentation pertaining to that diagnosis or opinion: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
   4. Have you ever received any treatment, or corrective or mitigating measures, for your impairment? No \_\_\_\_ Yes \_\_\_\_. If so, describe, including dates, nature and results, of all such treatment, corrective or mitigating measures received or provided for your impairment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. **Accommodation Requested:** State accommodation/s requested in as much detail as possible.

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* 1. Requested accommodation(/s) is necessary because: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Prior Accommodation(s):** Have you ever previously received an accommodation for your impairment? No \_\_\_\_ Yes \_\_\_\_\_. If so, describe all accommodations previously received, including the date(s) the accommodation was provided and the identity of the school(s) or testing agency/agencies providing you with the accommodation. (*Please contact prior schools/colleges/universities where accommodations were granted and request verification of accommodations with type and dates received and submit to your ADA Officer).* 
   1. Accommodation(s) in educational setting/s: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
   2. Accommodation(s) in test taking: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
   3. Other accommodations: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
   4. Have you ever been denied any requested accommodation? No \_\_\_ Yes \_\_\_\_. If so, state the date of each such denial, identify the school(s), testing agency/agencies or other entity denying the requested accommodation, and describe in detail the circumstances of each request for an accommodation and any stated reasons for the denial: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. **Testing Without Accommodation:** Have you ever taken any examination or test without an accommodation? No \_\_\_ Yes \_\_\_. If so, describe type of examinations you have taken without accommodations, state the date(s) or period(s) the examination(s) was administered, the school or testing agency administering such examination, and whether or not you successfully completed the examination without an accommodation:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Signatures:**

I, the undersigned applicant for accommodation(s) under ADA

1. Certify, under the penalties for perjury, that all the foregoing representations and accompanying documentation are true and complete,

1. Agree to the requirements of this request for accommodation, and any accommodation that may be provided, and
2. Authorize any person, school, company, facility, office, and/or entity which has information or documentation relating to my request for accommodation(s) to consult with, to make written reports to, and to release information including, but not limited to, medical and/or testing records, to RVU or its representatives.

Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Signature)

In accordance with the Student Handbook, to ensure complete documentation to support your need for accommodations RVU will need “documentation of recent medical, psychological, psychometric, or educational assessment, including the date administered and evaluated by a qualified professional and the credentials of the professional performing the evaluation and testing. Documentation presented should be **not older than 24 months** prior to the date of the request for accommodations.”

**Information/documentation from Certifying Professional:**

* The clinician providing the documentation must be qualified to make the diagnosis in the area of specialization and may not have a personal relationship with the student.
* Documentation and evaluation conducted by a qualified professional must include:

1. A specific medical diagnosis or the physical, mental or learning disorder
2. A description of how the diagnosis was confirmed based on established diagnostic criteria. Diagnostic testing and methods must be those currently utilized in professional practices within the relevant field
3. A description of how the diagnosis impacts a major life activity including impact in the educational setting and the expected duration of the limitation
4. The medical and educational history of the disability.
5. Specific, realistic recommendation(s) for accommodations with a rational for the recommendations.
6. Note from qualified professional that states the student is receiving on going care for disability.

**Certifying Professional/s: (must be MD, DO or PhD).** *Documentation from**certifying professional/s must include the information below as part of the documentation submitted in support of the applicants accommodation request.*

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Credentials\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ License/Certification # & State\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Evaluator/s’s signature must be included on their documentation along with the date.