

Appendix G - Disability Accommodations Request Form



Disability Accommodations Request Form

(Basic Science and Accelerated Review Programs)

Please carefully review the guidelines and procedures for students with disabilities in the UMHS Student Handbook to ensure that you provide the required documentation from a qualified professional.

Complete all sections of this request form. The request form and all supporting documentation need to be submitted at least two weeks prior to the first exam or quiz the student wishes to receive accommodations.

Please note that the requested information in this form is similar to that requested by the NBME for United States Medical Licensing Examination accommodation. UMHS has no influence or decision-making authority with regard to requests for test accommodations made to NBME nor is this form to be considered an application for USMLE accommodation. It is the student's responsibility to apply for accommodations directly to the NBME in compliance with their policies and guidelines ([http://www.usmle.org/test-](http://www.usmle.org/test-accommodations/)

You MUST provide supporting documentation verifying your current functional impairment. Submit the following with this form:

- A complete and comprehensive evaluation from a qualified professional documenting your disability.
- Supporting documentation such as academic records; score transcripts for previous standardized exams; verification of prior academic/test accommodations; relevant medical records; previous psycho educational evaluations; etc.

Please be sure to review the guidelines for more detailed information regarding supporting documentation. Failure to submit all required documentation and forms may delay processing of your request.

Approval for accommodations are not retroactive.

[accommodations/](#)).

Section A: Biographical Information

1. Name: _____

Last

First

Middle Initial

2. Gender: Male Female

3. Date of Birth: _____ 4. UMHS Student ID# _____

5. Permanent Address:

Street _____

City _____ State/Province _____ Zip/Postal Code _____ Country _____

E-mail address _____

6. Student Signature and Date: _____

Student's Signature

Date

Section B: Accommodations Information

Written Examinations and Quizzes:

Please clearly identify which of the following accommodations for written examinations/quizzes your healthcare provider recommended in their submitted report.

- Extended Time:**
- 25% Additional time (1.25X)
 - 50% Additional time (1.5X)
 - 100% Additional time (2X)
 - Recommended additional time but did not specify*

- Additional Break Time:**
- Between exams (time specified) _____
 - Unscheduled breaks during the exam (time specified) _____

- Test Environment:**
- In a quiet exam room

<p>Describe any other accommodation(s) for written examinations your healthcare provider recommended:</p>
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*Please note that if your healthcare provider recommended extra time but did not specify, we will only grant 25% additional time if your application is approved for extended time.

Clinical Skills Examinations:

You must provide documentation of functional impairment in the clinical setting and a rationale to demonstrate that the requested accommodation is appropriate to the clinical setting and clinical skill-related tasks.

If you are requesting additional time, state the **amount** of additional time you require in **minutes per encounter or note**.

<input type="checkbox"/>	Patient Encounter:	
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<input type="checkbox"/>	Patient Note:	
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Section C: Information About Your Impairment

C1. List the **specific DSM/ICD diagnostic code(s) and disability** for which you are requesting accommodations and report the year that it was **first** diagnosed.

Describe the specific accommodations for clinical skills examinations (i.e., patient encounter, patient notes) your healthcare provider recommended:

	<u>DIAGNOSTIC CODE</u>	<u>DISABILITY</u>	<u>YEAR DIAGNOSED</u>
1			
2			
3			
4			
5			

C2. Personal Statement

Describe your impairment(s) and how a major life activity is substantially limited. The personal statement is your opportunity to express how your physical or mental impairment(s) substantially limits your current functioning in a major life activity and how the standard examination conditions are insufficient for your needs. In your own words, describe the impact of your disability on your daily life (do not confine your statement to standardized test performance) and provide a rationale for why the specific accommodation(s) you are requesting are necessary in the context of examination.

Section D: Accommodation History

D1. Standardized Examinations

If accommodations were provided, submit official documentation from each testing agency confirming the test accommodations they provided.

List the accommodations received for previous standardized examinations such as college, graduate, or professional school admissions tests and professional licensure or certification examinations (if no accommodations were provided, write NONE). **Please also disclose if you applied for accommodations on any of exams listed below, but were denied.**

	DATE(S) ADMINISTERED	ACCOMMODATION(S) PROVIDED
SAT® , ACT®		
MCAT®		
GRE®		
GMAT®		
LSAT®		
DAT®		
COMLEX®		
Other (specify)		

D2. Postsecondary Education

List each school and all formal accommodations you receive/received, and the dates accommodations were provided. Submit copies of official records from each school(s) confirming the accommodations they provided.

	SCHOOL	ACCOMMODATIONS PROVIDED	DATES PROVIDED
Undergraduate School			
Medical School			
Graduate or Professional School (including PostBac program)			

D3. Primary and Secondary School

List each school and all formal accommodations you received, and the dates accommodations were provided. Submit copies of official records from each school listed confirming the accommodations they provided.

	SCHOOL	ACCOMMODATIONS PROVIDED	DATES PROVIDED
High School			
Middle School			
Elementary School			