



Geisinger
Commonwealth
School of Medicine

**GUIDELINES FOR REQUESTING
ACADEMIC AND NONACADEMIC
ACCOMMODATIONS**

**CENTER FOR LEARNING EXCELLENCE
OFFICE OF STUDENT AFFAIRS**

2022-2023

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I. PREAMBLE AND OVERVIEW

Geisinger Commonwealth School of Medicine (GCSOM) is committed to full compliance with the requirements of Section 504 of the Rehabilitation Act (Section 504) and its implementing regulations (34 C.F.R. Part 104 in general and, in particular, subpart E relating to postsecondary education institutions) and Title III of the Americans with Disabilities Act (ADA) and its implementing regulations (28 C.F.R. Part 36).

- Section 504 specifies that no qualified person with a disability shall, on the basis of disability, be excluded from participation in, be denied the benefits of, or otherwise be subjected to discrimination under any program or activity which receives Federal financial assistance.
- Title III of the ADA prohibits public institutions (including private medical schools or other places of education) from engaging in discrimination on the basis of disability.

Consistent with Section 504 and the ADA, GCSOM ensures that applicants and enrolled medical students with disabilities are not discriminated against on the basis of disability and are provided an equal, effective, and meaningful opportunity to enjoy the benefits, privileges, and advantages of a medical education at GCSOM. Equal opportunity/nondiscrimination includes providing reasonable accommodations unless to do so would result in a fundamental alteration in the nature of GCSOM's education program, cause an undue burden, or pose a direct threat to the health or safety of others.

All requests for reasonable accommodations are based on a review of documentation submitted by the individual and supplemented, if necessary, by GCSOM and are evaluated on a case-by-case basis. Once the documentation is complete, staff from GCSOM's Center for Learning Excellence (CLE) enters into an interactive discussion with the applicant or student to review: the process for determining eligibility for accommodations; the nature of the curriculum and the accommodations requested; and the recommendations to be provided to the Accessibility Committee.

Based on the documentation, interactive process, and recommendation/summary from the CLE the GCSOM Accessibility Committee makes a decision regarding the request for accommodations. This decision is communicated to the student by the Assistant Dean of Students or their designee. If agreed to by the student, a List of Accommodations form is completed by the student and CLE and forwarded to the Curriculum Department for the MD program and to the Associate Dean for Academic Affairs for the Graduate Programs. The Curriculum Department/Associate Dean for Academic Affairs then notifies the appropriate faculty, preceptor, clinical personnel, or staff about the need to accommodate the student. The Associate Director of the CLE or their designee meets regularly with the student to monitor the provision of accommodations and reports back to the Committee any further needs identified by the student and CLE.

If the student disagrees with the decision, they have the right to file a complaint/grievance under GCSOM's Policy on Complaints by Students and Others Alleging Discrimination Other Than Sexual Discrimination and Sexual Harassment/Violence. Throughout the process, primary clinical documentation or other diagnostic information used to determine accommodations are kept confidential and released to a third party only with the student's written permission or under compulsion of legal process.

The purpose of this document is to provide guidelines for requesting academic and nonacademic accommodations, including:

- Definitions
- Reasonable Accommodation Policy
- Procedure for Requesting and Documenting the Need for Reasonable Accommodations
- Communication of Decision
- Confidentiality
- Procedure Regarding the United States Medical Licensing Examinations (USMLE)
- Grievance Procedure

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Members of the GCSOM Accessibility Committee include representatives from Academic Affairs, Student Affairs, Student Health Services, and the clinical faculty

II. DEFINITIONS

The term “**individual with a disability**” means any person who

1. Has a physical or mental impairment that substantially limits one or more of the major life activities of such individual;
2. Has a record of such an impairment; or
3. Is being regarded as having such an impairment.

The term individual with a disability will be construed by GCSOM consistent with the ADA Amendments Act of 2008 (Public Law No. 110-325 (September 25, 2008) and implementing regulations issued by the Department of Justice [28 C.F.R. 36.105] In general, the term “disability” is construed broadly in favor of expansive coverage and includes a wide range of medical conditions.

A “**qualified individual with a disability**” means a person with a disability who, with or without reasonable accommodations, meets the academic and technical standards requisite to admission or participation in the postsecondary education institution’s education programs or activities.

The term “**programs and activities**” includes admissions, academic and degree plans (including coursework and clinical placements), financial aid, recreation activities, transportation, career placement, field trips, and any other programs offered by a postsecondary education institution.

Direct threat is defined as a significant risk to the health or safety of others that cannot be eliminated by a reasonable accommodation (i.e., modification of policies, practices, or procedures, or by the provision of auxiliary aids or services).

Fundamental alteration includes modification of academic requirements that are essential to instruction being pursued by a student or to any directly related licensing requirement.

The term “**undue burden**” means significant difficulty or expense. In determining whether an action would result in an undue burden, factors to be considered include: the nature and cost of the action needed and the overall financial resources of the medical school; the effect on expenses and resources; legitimate safety requirements that are necessary for safe operation; or the impact otherwise of the action upon the operation of the medical school.

The term “**reasonable accommodation**” includes academic and nonacademic adjustments and the provision of auxiliary aids and services. Academic and nonacademic adjustments include making modifications to policies and practices to ensure that such policies and procedures do not discriminate or have the effect of discriminating against a qualified individual with a disability on the basis of such disability, unless to do so could fundamentally alter the nature of the educational program and services being offered.

Academic modifications may include:

- Changes in the length of time permitted for the completion of degree requirements,
- Substitution of specific elective courses
- Adaptation of the manner in which specific courses are conducted or exams are given
- Placement on a specific regional campus to maintain contact with health care providers and
- Sign language interpreters, amplification devices or CART (computer assisted real-time translation) in the clinical setting
- Presence of an assistance animal

Adjustments to testing conditions may include:

- Large-print exam booklets,
- Screen reading technology,
- Fewer items on each page,
- Tape recorded responses,
- Responses on the test booklet,
- Frequent breaks,
- Extended testing time,
- Testing over several sessions,

- Small group setting,
- Distraction-free private room,
- Preferential seating,
- Physical prompts (such as for individuals with hearing impairments),
- The use of sign language interpreter for spoken directions, and
- Permission to bring and take medications during the exam (for example, for individuals with diabetes who must monitor their blood sugar and administer insulin).

Auxiliary aids and services may include:

- Qualified interpreters, note takers on-site or through video remote interpreting (VRI) services, real-time computer-aided transcription services, written materials and the exchange of written notes, telephone handset amplifiers, assistive listening systems, telephones compatible with hearing aids, closed caption decoders, open and closed captioning, voice, text, and video-based telecommunications products and systems, including text telephones (TTYs), video phones and captioned telephones, or other equally effective telecommunications devices, video displays, accessible information and communication technology, and other effective means of making aurally delivered materials available to students with hearing impairments;
- Qualified readers, taped texts, audio recordings, brailled materials and displays, screen reader software, optical readers, accessible information and communication technology, large print materials, or other effective methods of making visually delivered materials available to individuals with visual impairments;
- Acquisition or modification of equipment or devices; and
- Other similar services and actions.

The term “assistance animal” means an animal that provides assistance or performs tasks for the benefit of an individual with a disability or provides emotional support that alleviates one or more identified symptoms or effects of an individual’s disability. Assistance animals may provide emotional support, well-being, comfort, or companionship. While dogs are the most common type of assistance animal, other animals can also be assistance animals.

III. POLICY AND PROCEDURES FOR DISABILITY SERVICES

Consistent with our commitments under Section 504 and Title III of the ADA not to engage in discrimination on the basis of disability, GCSOM provides reasonable accommodations, including academic and nonacademic adjustments and auxiliary aids and services, to qualified individuals with disabilities unless such accommodations would fundamentally alter the nature of the educational program and services being offered, pose a direct threat to the health or safety of others, or impose an undue burden (See Policy and Procedure for Disability Services).

GCSOM will not place a surcharge on an individual to cover the costs of providing accommodations.

GCSOM is not required to provide personal aids and services such as personal attendants, individually prescribed devices, such as prescription eyeglasses or hearing aids, readers for personal use or study, or other devices or services of a personal nature, such as assistance in eating, toileting, and dressing.

If an individual with a disability makes a request to GCSOM to be accompanied by an assistance animal which is not a Service Animal (see Policy on Service Animals for more information as needed), then GCSOM will evaluate such a request in accordance with the policies described in this Guidebook.

Individuals with disabilities may request a reasonable accommodation or a reasonable modification of policies, practices, or procedures for any assistance animal, including an emotional support animal, where GCSOM generally forbids individuals from having pets or otherwise imposes restrictions or conditions relating to pets or other animals. The general principles applicable to all reasonable accommodations requests and requests for reasonable modifications of policies, practices, and procedures outlined in this Guidebook are applicable to requests for an assistance animal. Due to the nature of the environment, assistance animals will typically not be allowed to be present in environments in which the presence of an animal will pose a direct threat to the health or safety of others, such as in the Gross Anatomy Lab, during standardized patient encounters, in the operating room, and in patient units where a patient is immune-suppressed or in isolation for respiratory, enteric, or infectious precautions.

Although a student may not be considered “an individual with a disability” under Section 504 or ADA, GCSOM may, at its discretion, make an effort to accommodate their needs. As a courtesy, GCSOM may provide services that will allow them access to the physical campus as well as the curriculum. Also, if an injury or illness necessitates parking accessibility, the student should contact the Security Office for assistance.

Individual with a Disability. The determination of whether an individual has a disability generally does not demand extensive analysis and will be made without regard to any positive effects of measures such as medication, medical supplies or equipment, low-vision devices (other than ordinary eyeglasses or contact lenses), prosthetics, hearing aids and cochlear implants, or mobility devices. However, negative effects, such as side effects of medications or burdens associated with following a particular treatment regimen, may be considered when determining whether an individual’s impairment substantially limits a major life activity. A pregnancy, by itself, is not considered a disability; however, complications resulting from pregnancy may be considered disabilities under the ADA and Section 504. For example, the following pregnancy related complications may qualify as disabilities: anemia, sciatica, carpal tunnel syndrome, gestational diabetes, severe nausea, abnormal heart rhythms, swelling, pelvic inflammation, disorders of the uterus and cervix, preeclampsia, and depression. This list is not exhaustive.

Fundamental Alteration. Academic requirements that GCSOM can demonstrate are essential to the instruction being pursued by a student or to any directly related licensing requirement or that are required by law or accreditation standards (including Technical Standards adopted by GCSOM) will not be regarded as discriminatory. Academic modifications that could fundamentally alter the nature of the educational program or services being offered include, but are not limited to, modifications that could substantially modify the content of the curriculum or essential parts of the program or lowering or substantially modifying the standards of clinical competence required by the program.

Direct Threat. GCSOM is required to provide accommodations, including academic adjustments unless it can demonstrate, after an individualized, assessment, that the accommodation presents a direct threat to the health or safety of others. In determining whether a student poses a direct threat to the health or safety of others, GCSOM must make an individualized assessment, based on reasonable judgement that

relies on current medical knowledge or the best objective evidence, to ascertain: the nature, duration, and severity of the risk; the probability that the potential injury will actually occur; and whether reasonable accommodations will mitigate the risk.

Undue Burden. GCSOM is required to provide accommodations, including academic and nonacademic adjustments and auxiliary aids and services, unless providing the accommodation would cause an undue burden.

IV. PROCEDURES FOR REQUESTING AND DOCUMENTING THE NEED FOR REASONABLE ACCOMMODATIONS

A. REQUEST

Students are not obligated to self-disclose a disability to the Center for Learning Excellence (CLE), Office of Student Affairs, or other staff or faculty. However, students with disabilities who wish to obtain accommodations must self-disclose their disability and direct their requests for accommodations to the CLE.

A student who believes that they might need a reasonable accommodation must make a request to the CLE on an Initial Application for Accommodation form. Written requests are preferred. However, if an applicant or enrolled student makes a verbal request, the request will be converted to writing on an Application for Accommodation(s) form by the person making the request or a CLE staff member and then reviewed and signed by the person making the request.

Students should complete an Initial Application for Accommodation(s) form as soon as possible (i.e., as far in advance as reasonably possible before the scheduled program or activity or as soon as the disability becomes known to the student). Time for documentation review and arrangement of accommodations can be a lengthy process; therefore, timely notification facilitates the eligibility process and implementation of any approved accommodations.

As part of the pre-enrollment process, the CLE queries all incoming students to determine if they have any academic or learning needs. A positive response to this learning needs query will put students in direct contact with the CLE to complete the Initial Application for Accommodation(s) form. Students choosing to disclose at a later time or following an illness, injury, or new diagnosis can contact the CLE directly for the application form or obtain it on the portal on the Student Affairs page under “Accessibility Services.”

In sum, **students requesting accommodations, either at the onset of their enrollment or at any point in their enrollment, must take the initiative to seek assistance, comply with deadlines and agreements, and participate in the prescribed process.** Accommodations are not applied retroactively, and a disability-related explanation will not automatically negate an already posted unsatisfactory performance. No student will be presumed to have a disability based on inadequate performance alone.

A student should contact the CLE and schedule an intake meeting with the staff to review the Initial Application for Accommodation(s) form and engage in an interactive process to further elaborate on the accommodations request, explain the need to provide documentation, and discuss resources available.

To schedule the intake meeting, contact:

Sarah Triano, MS, NCC, LPC Associate
Director, CLE 570-558-4282
striano@som.geisinger.edu

Application and documentation can be sent directly to the email account for the Office of Accessibility Services:

Accessibility_Services@som.geisinger.edu

B. TIME FRAME FOR REVIEWING REQUEST

Review of requests for accommodations in the didactic setting may take up to four weeks. As well, organizing accommodations in the clinical setting is highly individualized and requires coordinated service. Depending on the accommodation(s) needed, implementation may take four to six weeks. **Accommodations are never implemented retroactively.** All students considering requesting accommodations are encouraged to do so well in advance of entering the program or as soon as possible after matriculation or as the need presents.

C. DOCUMENTATION

Students and prospective students requesting a reasonable accommodation must provide documentation, upon request, to the CLE regarding the disability and limitations on participation in courses, exams, and other programs and activities. Requests for documentation will be reasonable and limited to the requested accommodation. Requests for supporting documentation will be narrowly tailored to the information needed to determine the existence and nature of the student's physical or mental impairment (i.e., how their access or participation in the school's programs or activities is limited as a result of their disability) and the individual's need for the requested accommodation.

Appropriate documentation may vary depending on the nature of the disability and the specific accommodation requested. Examples of types of documentation include:

- Statement from a qualified healthcare provider. Depending on the impairment being evaluated, qualified professionals may include: trained, certified and/or licensed physicians, psychologists, learning disabilities specialists, occupational, physical, or speech-language pathologists, and other professionals
- Proof of past testing accommodation
- Observation of educators
- Results of neuropsychological, psychoeducational, or other professional evaluations
- An individual's history of diagnosis
- An individual's statement of their history regarding accommodations

The required documentation may include the following:

- A diagnosis of current disability
- The date of the diagnosis
- How the diagnosis was reached
- The credentials of the professional
- How the disability affects a major life activity
- How the disability affects the ability to participate in GCSOM's program and activity for which the accommodation is requested

The student is responsible for providing the documentation at their own expense. GCSOM will carefully consider the recommendations by the student's qualified professionals, particularly professionals who have personally observed the individual in a clinical setting and determined, in their clinical judgement and in accordance with generally accepted diagnostic criteria as supported by reasonable documentation, that the individual is an individual with disability and needs the requested accommodation(s). GCSOM may have the information submitted by the applicant or student reviewed by one or more qualified professionals of GCSOM's choosing, at GCSOM's own expense.

GCSOM is not required to defer to the conclusions or recommendations of a student's professional, but it must provide an explanation for declining to accept those conclusions or recommendations.

When considering requests for accommodations, GCSOM will give considerable weight to documentation of past accommodations received in similar situations. An absence of previous accommodations does not, however, preclude a student from receiving accommodations. In the absence of documentation of prior accommodations, GCSOM will consider the entirety of the student's history, including informal accommodations, and other objective evidence to determine whether the history and evidence indicates a current need for an accommodation.

Students who do not have documentation of their condition, and/or who believe they have an undiagnosed condition, should contact the CLE to discuss their circumstances further. Referrals can be provided through Student Health Services to local professionals for a relevant evaluation/assessment.

Specific Documentation Guidelines. The following guidelines are provided to assure that documentation is appropriate to verify eligibility and to support requests for accommodations.

- Any documentation to identify and substantiate the disability must be current.
 - For an impairment that can change over time or that responds to medication, the documentation should be no more than six months old.
 - For an impairment that does not change over time, retesting may not be necessary to evaluate the student's disability.
- Documentation should address the impact of the disability and how the symptoms impact daily functioning across multiple environments within the context of the academic or nonacademic environment. The assessment should include the following, to the extent that it directly relates to the individual's impairment:
 - Neurological functioning,
 - Cognitive and emotional functioning, and/or
 - Physical capacity.
- Evaluation of psychological/emotional functioning must be in accordance with DSM-5 criteria.

- The evaluation and interpretation of results is required. Based upon test data, clinical observation, and the information provided, specific recommendations for academic/nonacademic accommodations should be stated with respect to direct effects on learning or participation in programs or activities to the extent they are known and available at the time, specific recommendations for academic/nonacademic accommodations should be stated to the extent known and available at the time.
- Documentation must be submitted by a qualified professional involved in the process of assessment. Diagnostic reports must include the names, titles, and professional credentials of the evaluators as well as the date(s) of testing and contact information.
- To the extent directly related to the individual's impairment, background information such as educational, medical and social history should be submitted. The background information should include a description of academic/nonacademic accommodations that were previously provided in another academic/nonacademic setting.

D. INTERACTIVE PROCESS

CLE staff will promptly review the request and documentation for academic/nonacademic accommodation. If the initial documentation is incomplete or inadequate to determine the extent of the disability and need for academic/nonacademic accommodations, CLE staff may require additional documentation.

Once a student has been deemed to be an individual with a disability and GCSOM receives notice requesting an academic/nonacademic accommodation, CLE staff will promptly meet with the student to discuss academic/nonacademic accommodations by engaging in an interactive process concerning the student's disability and related needs. As part of the interactive process, the CLE staff will consult with faculty and/or relevant staff. Also, as part of the interactive process, CLE staff may request that the student provides documentation (see above).

CLE or appropriate GCSOM faculty or staff will describe the activities students will face in individual classes and clinical settings that may create barriers to their full participation, as well as to assist students by discussing and identifying academic/nonacademic accommodations that might enable students to overcome those barriers. In order to ensure that the accommodation is effective, the interactive process continues as a collaborative effort beyond the initial stage of determining which accommodation is appropriate. If an applicant or student notifies the CLE that the accommodation is not effective, CLE will review the concerns and respond to them in a timely and reasonable manner.

E. APPROVAL PROCESS

Accommodation decisions are informed by many sources, including:

- The student's Application for Accommodation(s) Form
- Intake interview covering the student's self-report of disability and impact
- The student's academic and accommodations history
- Documentation provided by the student and supplemental documentation provided by professionals retained by GCSOM
- Faculty and administration, education specialists, and legal counsel

- A determination of whether the accommodation would result in a fundamental alteration in the nature of GCSOM's program or services, including GCSOM's Technical Standards, direct threat to the health or safety of others, or undue burden.

After reviewing the Application for Accommodation(s), recommendations prepared by the CLE, and input by others, the Accessibility Committee determines, on an individual, case-by-case basis, whether to provide an accommodation. After interacting with the student to ascertain their preferred accommodation, GCSOM has the discretion to choose the accommodation it provides to the student as long as the accommodation selected is effective.

Based on interaction between the student and the recommendations by CLE staff, the Accessibility Committee will determine the type of accommodations and the date, time, and place where such services will be provided. GCSOM, at its own expense, will secure the particular accommodation necessary to ensure effective opportunity to participate in academic and nonacademic programs and activities. Such accommodation will remain the property of GCSOM. The Associate Director or their designee meets regularly with the student to monitor the provision of accommodations and reports back to the Committee any further needs identified by the student and CLE.

Any grant of an academic/nonacademic adjustment will relate specifically to a particular aspect of the student's education or access to nonacademic programs or services and will not necessarily affect other aspects of their education or experience at GCSOM. For example, the provision of additional time to a testing situation will not necessarily extend to the provision of additional time for a clinical assignment.

V. COMMUNICATION OF DECISION

A. STUDENT

The Assistant Dean of Students or their designee will notify the student, in writing, and in a timely manner considering the nature of the request, whether the academic/nonacademic accommodation request has been approved or denied by the Accessibility Committee and explain the basis for any denial.

Once a decision has been made to approve an application for a reasonable accommodation, the student will meet with the Associate Director or their designee and, in the case of clinical accommodations, a member of the Curriculum Department to discuss the implementation process and procedures associated with accepting the approved accommodation(s). Once an understanding and agreement is made between the student and GCSOM, the student will sign the List of Accommodations Form as evidence of acceptance.

The prior granting of academic accommodation for any other testing administration does not necessarily mean that the academic adjustment will be granted by GCSOM. Students should also be aware that special testing adjustments agreed upon by GCSOM do not guarantee that the same or similar adjustment will be provided by nationally standardized examinations, such as the Step 1 and Step 2, United States Medical Licensing Examination (USMLE).

If a decision has been made to deny the request for accommodation, the student will have an opportunity

to voice concern and be informed of the grievance procedure by the Associate Director of the CLE or their designee. The student has the right to file a grievance under GCSOM's Policy on Complaints by Students and Others Alleging Discrimination Other Than Sexual Discrimination and Sexual Harassment/Violence (Please see Grievance Section below).

Academic accommodations will not be offered if, in the judgment of the Accessibility Committee, the accommodation would fundamentally alter the nature of the educational program (including a failure to meet a Technical Standard), cause a direct threat to the health or safety of others, or result in an undue burden. The decision will be based on a careful, thoughtful, and rational review of the academic program and its requirements and a written statement of the reasons for reaching its conclusion.

If the Accessibility Committee determines that a requested academic accommodation would result in a fundamental alteration, undue burden, or direct threat to the health or safety of others, it will consider whether effective alternatives to the requirement exist which would allow students to participate in its academic program without waiving or lowering essential requirements (fundamentally altering the nature of GCSOM's education program), or resulting in undue burden or direct threat to the health or safety of others.

B. NOTIFICATION OF FACULTY, STAFF, AND CLINICAL SETTINGS

Relevant professors, preceptors, clinical personnel, and staff will be notified by the Curriculum Department/Associate Dean of Academic Affairs for Graduate Programs of the accommodations approved by the Accessibility Committee and agreed to by the student on the List of Accommodations form. Professors, preceptors, clinical personnel and staff will be provided with sufficient information and training to provide academic/nonacademic accommodations in a manner that is effective and supportive. No professor, preceptor, clinical personnel, or other staff member will have unilateral authority to deny a student an academic/nonacademic accommodation approved by the Accessibility Committee. The notice will include instructions the professor, preceptor, clinical personnel, or other staff is to follow should they disagree with any of the academic accommodations needed for their course or other adjustments with regard to clinical or nonacademic programs, activities, or services.

The student is required to communicate regularly with the appropriate Curriculum Coordinator/Regional Education Specialist/Clinical Education Coordinator, providing, whenever feasible, appropriate notice for any assessment that requires academic adjustments (e.g., untimed, distraction reduced or free environment, assistive technology devices and services). See Section B, Time Frame for Reviewing Requests above.

- For Classroom Accommodations:
 - As accommodations are determined and the List of Accommodation(s) forms are signed, the CLE will provide the Curriculum Department/Associate Dean of Academic Affairs for Graduate Programs and the course directors with a copy of the signed List of Accommodations form.
 - The Curriculum Department/Associate Dean of Academic Affairs for Graduate Programs will provide the list of accommodations to the appropriate Curriculum Coordinator/Regional Education Specialist for implementation in consultation with the student.

- If needed, the CLE will arrange a meeting with the student, Curriculum Department or Associate Dean of Academic Affairs for Graduate Programs and CLE representative to plan the process for implementation and follow up.
- For Clinical Skills Assessments:
 - At the beginning of the academic year, the CLE will provide the Director of Clinical Skills & Simulation Center or their designee with a copy of the signed List of Accommodations forms for any student receiving accommodations on the clinical skills assessments.
 - The Director of Clinical Skills & Simulation Center or their designee will collaborate with the staff of the CSSC to arrange for the appropriate accommodations for the clinical skill assessments.
 - One month in advance of the clinical skills examinations the Director of Clinical Skills & Simulation Center or their designee will contact the CLE to verify and confirm each student who will be receiving accommodations.
- For Hospital and Clinical Settings:
 - Six months before the start of the Clerkship Phase or six weeks before the beginning of each clinical rotation in the Advanced Clinical Experience Phase, including extramural rotations, the CLE will meet with the student, Senior Education Specialist, and any other appropriate staff to discuss and determine appropriate accommodations for each student who has been granted clinical accommodations.
 - Any clinical accommodations that are granted for the hospital and/or clinical setting during the course of the year will be implemented in as timely a manner as possible. The Senior Education Specialist will work closely with the clinical team to implement the approved accommodations.
 - Determining reasonable accommodations requires knowledge of each individual hospital/clinic site. A site visit may be performed by the Senior Education Specialist and CLE staff member in order to make a determination about accommodation needs.

VI. IMPLEMENTATION OF ACCOMMODATIONS

The student is required to communicate regularly with the appropriate Curriculum Coordinator/Regional Education Specialist/Clinical Education Coordinator, providing, whenever feasible, appropriate notice for any assessment that requires academic adjustments (e.g., untimed, distraction reduced or free environment, assistive technology devices and services).

It is the student's responsibility to contact the associated Curriculum Coordinator/Regional Education Specialist/Clinical Education Coordinator, in writing, to formally confirm implementation of approved accommodations in the following domains:

- **Graduate Students**
 - Written exams (We recommend no less than 7 days before each exam)
- **Pre-Clinical Phase MD Students**
 - Written exams (We recommend no less than 7 days before each exam)

- Clinical Skills Assessments (We recommend no less than four weeks before each exam)
- **Clerkship Phase MD Students**
 - Accommodations should be agreed upon by April 15 prior to the start of the Clerkship Phase
 - NBME Subject Exams, Clinical Skills Assessments (OSCEs) and course exams
 - We recommend that confirmation of implementation of approved accommodations occur at the beginning of the year or at least 6 weeks prior to the scheduling of Subject exams, four weeks before Clinical Skills Assessments, and 2 weeks prior to course exams
- **Advanced Clinical Experience Phase MD Students**
 - The Clinical Education Coordinator will communicate any required accommodations to the appropriate hospital personnel.
 - Extramural Rotations and Sub Internships (We recommend no less than 6 weeks before the start of an Extramural Rotation and/or Sub Internship)
 - Online Courses (We recommend no less than 6 weeks before the start of an Online course)
 - Clinical Skills settings (We recommend no less than 6 weeks before the start of the specific course)

- **CONFIDENTIALITY**

All information obtained in the process of determining whether a student is a qualified individual with a disability and in determining academic/nonacademic accommodations for an individual will be considered confidential, except as permitted or required by law. With the student's written permission, the Assistant Dean for Students/CLE will notify the Curriculum Office or Graduate Program that they are eligible for academic/nonacademic accommodations and will provide them with a list of academic/nonacademic accommodations the student is eligible to receive. The student will be encouraged to share their eligibility for and approved accommodations with their advisors for additional support and planning. No identifying information of the diagnosis or nature of the disability will be released to faculty or staff by the Assistant Dean of Students, CLE, or their designee without the permission of the student. Notwithstanding the previous sentences, the information, however, may be made available to supervisors or faculty on a need-to-know basis; first aid and safety personnel if the disability might require emergency treatment; and government officials investigating compliance.

To ensure confidentiality, all medical and/or psychological documentation provided by or on behalf of students should be addressed directly to the requesting GCSOM staff and the envelope marked as "Confidential" by the sender. Qualified interpreters provided by GCSOM shall adhere to confidentiality in accordance with the Registry of Interpreters for the Deaf (RID) Code of Ethics and other applicable policies or federal or state laws.

Declarations of a disability are confidential and knowledge of such is restricted to those who need to know and who are acknowledged by the student. Further, declarations of disability are protected under GCSOM's Family Education Rights and Privacy Act policy. Knowledge of a disability is simply not revealed to anyone outside the campus unless that person is already involved with the care of the student with a disability and the CLE is asked by the student with a disability to communicate with that person or is otherwise authorized by federal law or regulation.

The student's accommodation request file is maintained by the CLE and is held separately from the student's official academic record.

VIII. PROCEDURE REGARDING THE UNITED STATES MEDICAL LICENSING EXAMINATIONS (USMLE)

Step 1 & Step 2 CK

To Apply: Students applying for accommodations should understand that requests for accommodations on the USMLE Step examinations are made directly to The National Board of Medical Examiners (NBME) and do not go through the CLE, although the CLE may assist students with the application process. The NBME sets their own requirements for requesting accommodations, including specifications for disability documentation, personal statements, and other required information for the application. The request process is outlined on the NBME's website: <http://www.usmle.org/test-accommodations/>. Students should review this information and are encouraged to meet with the CLE for further guidance and assistance. Please note, accommodations granted by the GCSOM cannot guarantee that the same accommodations will be approved by the United States Medical Licensing Examiners (USMLE) testing organization or National Board of Medical Examiners (NBME).

For further information on applying for accommodations on USMLE exams, please refer to the GCSOM's Center for Learning Excellence and Accessibility Services: USMLE Step Accommodations Guidebook.

Timeline: Students requesting accommodations for Step 1 should begin the USMLE application process during the summer after their first year (nine months prior to the exam). The process is time consuming, and it can take from 60 to more than 100 days to receive a decision on the request.

When applying for Step 2, students should also begin the application process six to nine months prior to taking their exam. It can take from 60 to over 100 days to receive a decision on the request.

IX. GRIEVANCE PROCEDURE

GCSOM prohibits discrimination against any individual on the basis of disability. This policy extends to all rights, privileges, and programs and activities, including academic and nonacademic programs and activities. It is also the policy of GCSOM to provide reasonable academic and nonacademic accommodations to individuals with disabilities, unless to do so would fundamentally alter the nature of the program and services being offered, cause a direct threat to the health or safety of others, or result in an undue burden.

Process to File a Grievance Based on Discrimination:

When a student believes that they have been discriminated against on the basis of disability, a formal grievance may be filed under GCSOM's Policy on Complaints by Students and Others Alleging Discrimination Other Than Sexual Discrimination and Sexual Harassment/Violence.

Questions about Geisinger Commonwealth School of Medicine's Policy on Complaints by Students and Others Alleging Discrimination Other Than Sexual Discrimination and Sexual Harassment/Violence should be addressed to the Associate Dean for Student Affairs for the MD Program or the Interim Associate Dean for Graduate Programs.

At any time, an applicant or student may file a complaint with the U.S Department of Education, Office for Civil Rights or other appropriate state agency.



Initial Application for Accommodations

Full name: _____

Date of birth: _____ Gender: _____

Street address: _____

City: _____ State: _____ Zip code: _____

Cell phone: _____

Expected graduation year: _____

Please indicate your disability(ies)- check all that apply:

- | | |
|---|---|
| <input type="checkbox"/> ADHD/ADD | <input type="checkbox"/> Medical condition |
| <input type="checkbox"/> Learning disability | <input type="checkbox"/> Visual impairment |
| <input type="checkbox"/> Deaf or hard of hearing | <input type="checkbox"/> Neurologic condition |
| <input type="checkbox"/> Speech or language impairment | <input type="checkbox"/> Allergy |
| <input type="checkbox"/> Psychological/psychiatric disability | <input type="checkbox"/> Mobility impairment |
| <input type="checkbox"/> Post-traumatic stress disorder | <input type="checkbox"/> Traumatic brain injury |
| <input type="checkbox"/> Autism spectrum disorder | |
| <input type="checkbox"/> Other—please explain: _____ | |

Please check the reasonable accommodations that you request from GCSOM:

- Extended time (50%) for in class and/or online exams/quizzes
- Extended time (100%) for in class and/or online exams/quizzes
- Reduced distraction testing environment
- Distraction free testing environment
- Priority seating
- Enlarged print for exams/quizzes
- Scheduled breaks during exams
- Unscheduled breaks during exams
- Scheduling clerkship order
- Time off for disability-related appointments
- Adjustments to overnight or on-call practice

Other accommodations you would like to receive, not listed above (please be specific):

Diagnosis:

What diagnoses (i.e., medical, psychological, neurological, etc.) have you received?

- | | |
|---|--|
| <input type="checkbox"/> Post-traumatic stress disorder | <input type="checkbox"/> Allergy |
| <input type="checkbox"/> Autism spectrum disorder | <input type="checkbox"/> ADHD/ADD |
| <input type="checkbox"/> Specific learning disorder | <input type="checkbox"/> Visual impairment |
| <input type="checkbox"/> Substance use/dependence disorder | <input type="checkbox"/> Deaf or hard of hearing |
| <input type="checkbox"/> Speech and language impairment | <input type="checkbox"/> Traumatic brain injury |
| <input type="checkbox"/> Neurological condition | <input type="checkbox"/> Medical condition |
| <input type="checkbox"/> Mobility impairment | |
| <input type="checkbox"/> Anxiety disorder (generalized anxiety disorder, panic disorder, obsessive compulsive disorder, etc.) | |
| <input type="checkbox"/> Mood disorder (major depressive disorder, bipolar disorder, etc.) | |
| <input type="checkbox"/> Other: _____ | |

Please describe your diagnosed condition(s):

Description of Impact of your Condition:

How does your condition impact you in the classroom or clinical setting?

How does your condition impact you during testing?

How does your condition impact you outside the classroom environment?

Has your doctor/provider given you any tips or advice for managing your condition?

Educational History:

Name of former college/university attended: _____

Dates attended: _____

Location: _____

Description of Previous Educational Experience and Accommodations:

Individualized Educational Plans (IEP) and 504 Plans:

Did you have an IEP or 504 in:

High school? IEP 504

If you did, what accommodation(s) did you receive? _____

Middle school? IEP 504

If you did, what accommodation(s) did you receive? _____

Elementary school? IEP 504

If you did, what accommodation(s) did you receive? _____

Accommodations and Services in College:

What accommodations did you receive at the above referenced college or university?

- Extended time (50%) for in class and/or online exams/quizzes
- Extended time (100%) for in class and/or online exams/quizzes
- Reduced distraction testing environment
- Distraction free testing environment
- Enlarged print for exams/quizzes
- Scheduled breaks during exams
- Unscheduled breaks during exams
- Other accommodations (please list):

Of the accommodations you checked, which did you use? Which did you not use?

How have the requested accommodations benefitted you in the past?

General Academic Questions

What are your academic strengths?

What do you use to keep track of your daily assignments? (i.e., calendar, computer, phone)

Where do you find you study best (i.e., quiet area, noisy, in my room, etc.)? Describe how you study.

How do you manage a difficult subject?

Additional Questions:

Are you being treated by a professional? If so, who is your doctor and how often do you visit with them?

Has your doctor given you specific recommendations related to your condition?

Have you been to the emergency room in relation to this condition? If so, when and how often?

Are you currently on medications? If so, what are they and dosage?

Do you have any side effects that affect you in the:

Classroom? _____

Testing? _____

Studying? _____

What major life activities have been affected by your condition?

In what ways do, if any, you anticipate your medical condition affecting your ability to perform the essential functions at GCSOM?

Please add any additional information you believe may assist the committee during their review of your request.



Renewal Application for Accommodations

Full name: _____

Date of birth: _____

Gender: _____

Street address: _____

City: _____

State: _____

Zip code: _____

Cell phone: _____

Expected graduation year: _____

Please indicate your disability(ies)- check all that apply:

- | | |
|---|---|
| <input type="checkbox"/> ADHD/ADD | <input type="checkbox"/> Medical condition |
| <input type="checkbox"/> Learning disability | <input type="checkbox"/> Visual impairment |
| <input type="checkbox"/> Deaf or hard of hearing | <input type="checkbox"/> Neurologic condition |
| <input type="checkbox"/> Speech or language impairment | <input type="checkbox"/> Allergy |
| <input type="checkbox"/> Psychological/psychiatric disability | <input type="checkbox"/> Mobility impairment |
| <input type="checkbox"/> Post-traumatic stress disorder | <input type="checkbox"/> Traumatic brain injury |
| <input type="checkbox"/> Autism spectrum disorder | |
| <input type="checkbox"/> Other—please explain: _____ | |

Please check the reasonable accommodations that you request from GCSOM:

- Extended time (50%) for in class and/or online exams/quizzes
- Extended time (100%) for in class and/or online exams/quizzes
- Reduced distraction testing environment
- Distraction free testing environment
- Priority seating
- Enlarged print for exams/quizzes
- Scheduled breaks during exams
- Unscheduled breaks during exams
- Scheduling clerkship order
- Time off for disability-related appointments
- Adjustments to overnight or on-call practice

Other accommodations you would like to receive, not listed above (please be specific):

Diagnosis:

What diagnoses (i.e., medical, psychological, neurological, etc.) have you received?

- | | |
|---|--|
| <input type="checkbox"/> Post-traumatic stress disorder | <input type="checkbox"/> Allergy |
| <input type="checkbox"/> Autism spectrum disorder | <input type="checkbox"/> ADHD/ADD |
| <input type="checkbox"/> Specific learning disorder | <input type="checkbox"/> Visual impairment |
| <input type="checkbox"/> Substance use/dependence disorder | <input type="checkbox"/> Deaf or hard of hearing |
| <input type="checkbox"/> Speech and language impairment | <input type="checkbox"/> Traumatic brain injury |
| <input type="checkbox"/> Neurological condition | <input type="checkbox"/> Medical condition |
| <input type="checkbox"/> Mobility impairment | |
| <input type="checkbox"/> Anxiety disorder (generalized anxiety disorder, panic disorder, obsessive compulsive disorder, etc.) | |
| <input type="checkbox"/> Mood disorder (major depressive disorder, bipolar disorder, etc.) | |
| <input type="checkbox"/> Other: _____ | |

Please describe your diagnosed condition(s):

Description of Impact of your Condition:

How does your condition impact you in the classroom or clinical setting?

How does your condition impact you during testing?

How does your condition impact you outside the classroom environment?

Has your doctor/provider given you any tips or advice for managing your condition?



Application for Assistance Animal

Full name: _____

Date of birth: _____ **Gender:** _____

Street address: _____

City: _____ **State:** _____ **Zip code:** _____

Cell phone: _____

Expected graduation year: _____

Diagnosis:

What diagnoses (i.e., medical, psychological, neurological, etc.) have you received?

- ADHD/ADD
- Anxiety disorder (generalized anxiety disorder, panic disorder, obsessive compulsive disorder, etc.)
- Mood disorder (major depressive disorder, bipolar disorder, etc.)
- Post-traumatic stress disorder
- Autism spectrum disorder
- Specific learning disorder
- Substance use/dependence disorder
- Visual impairment
- Deaf or hard of hearing
- Speech and language impairment
- Neurological condition
- Medical condition
- Traumatic brain injury
- Allergy
- Mobility impairment
- Other: _____

Please describe you diagnosed condition(s):

Description of Impact of your Condition:

How does your condition impact you in the classroom or clinical setting?

How does your condition impact you during testing?

How does your condition impact you outside the classroom environment?

Are you being treated by a professional? If so, who is your provider and how often do you visit them?

Has your provider given you specific recommendations related to your condition?

Please check the reasonable accommodations regarding your assistance animal that you are requesting:

- Presence of animal in study room
- Presence of animal in class/lecture
- Presence of animal during test taking
- Other: _____

Note, according to policy, assistance animals “will typically not be allowed to be present in environments in which the presence of an animal will pose a direct threat to the health or safety of others, such as in the Gross Anatomy Lab, during standardized patient encounters, in the operating room, and in patient units where a patient is immune-suppressed or in isolation for respiratory, enteric, or infectious precautions.”



List of Accommodations: Preclinical Phase

Confidential

Name: _____

Phone: _____

Services to be Provided:

Testing/Assignment Accommodations:

- Course Exams
- Quizzes/TBLs
- Structured Clinical Exams

Special Equipment/Assistive Technology:

Medical Accommodations:

Other:

Please check the one that applies to you:

- Will use the approved accommodations listed above.
- Will use only those accommodation initialed above.
- Do not plan on using the approved accommodations at this time. I will notify this office 30 days in advance if I decide that I would like to access these accommodations.

Student Name (print): _____

Student Signature: _____

Date: _____

This signature implies understanding of student responsibilities and gives permission to share this form with Curriculum Office.

Please be aware that these accommodations are confidential and should be handled accordingly. Accommodations are established by the Accessibility Committee and any concerns or questions by faculty should be directed to the CLE rather than to the student.



Geisinger
Commonwealth
School of Medicine

List of Accommodations: Clerkship Phase

Confidential

Name: _____

Phone: _____

Services to be Provided:

Testing/Assignment Accommodations:

- OSCEs
- Shelf Exams

Special Equipment/Assistive Technology:

Medical Accommodations:

Other:

Please check the one that applies to you:

- Will use the approved accommodations listed above.
- Will use only those accommodation initialed above.
- Do not plan on using the approved accommodations at this time. I will notify this office 30 days in advance if I decide that I would like to access these accommodations.

Student Name (print): _____

Student Signature: _____

Date: _____

This signature implies understanding of student responsibilities and gives permission to share this form with the Curriculum Office/Regional Team/Career Coach

Please be aware that these accommodations are confidential and should be handled accordingly. Accommodations are established by the Accessibility Committee and any concerns or questions by faculty should be directed to the CLE rather than to the student.



List of Accommodations: Advanced Clinical Experience

Confidential

Name: _____

Phone: _____

Services to be Provided:

Testing/Assignment Accommodations:

- Entrustable Professional Activity (EPA)

Special Equipment/Assistive Technology:

Medical Accommodations:

Clinical Accommodations:

Other:

Please check the one that applies to you:

- Will use the approved accommodations listed above.
- Will use only those accommodation initialed above.
- Do not plan on using the approved accommodations at this time. I will notify this office 30 days in advance if I decide that I would like to access these accommodations.

Student Name (print): _____

Student Signature: _____

Date: _____

This signature implies understanding of student responsibilities and gives permission to share this form with the Curriculum Office/Regional Team/Career Coach

Please be aware that these accommodations are confidential and should be handled accordingly. Accommodations are established by the Accessibility Committee and any concerns or questions by faculty should be directed to the CLE rather than to the student.



List of Accommodations MBS

Confidential

Name: _____

Phone: _____

Services to be Provided:

Testing/Assignment Accommodations:

- Course Exams
- Quizzes

Special Equipment/Assistive Technology:

Medical Accommodations:

Other:

Please check the one that applies to you:

- Will use the approved accommodations listed above.
- Will use only those accommodation initialed above.
- Do not plan on using the approved accommodations at this time. I will notify this office 30 days in advance if I decide that I would like to access these accommodations.

Student Name (print): _____

Student Signature: _____

Date: _____

This signature implies understanding of student responsibilities and gives permission to share this form with the Associate Dean of Academic Affairs.

Please be aware that these accommodations are confidential and should be handled accordingly. Accommodations are established by the Accessibility Committee and any concerns or questions by faculty should be directed to the CLE rather than to the student.



List of Assistance Animal Accommodation

Confidential

Name: _____ Phone: _____

Program: _____ Status: _____

Identification of Animal:

Pet's name: _____

Type of animal (i.e., dog, cat, etc.): _____

Weight: _____ Sex: _____ Age: _____

Breed/color: _____

Are vaccines current? Yes No

I have secured a letter from my animal's vet attesting that they do not pose a safety risk:

Yes No

Name of animal's veterinarian: _____

Name of practice: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Services to be provided:

- Presence of animal in study room
- Presence of animal in class/lecture
- Presence of animal during test taking
- Other: _____

Please check the one that applies to you:

- Will use the approved accommodations listed above.
- Will use only those accommodations initialed above.
- Do not plan on using the approved accommodations at this time. I will notify this office 30 days in advance if I decide that I would like to access these accommodations.

Agreement terms (please initial next to each):

_____ I agree to be fully and solely responsible for supervising my assistance animal, which includes his/her toileting, feeding, grooming, and veterinary care. I acknowledge full responsibility for cleanup of animal waste.

_____ I acknowledge that GCSOM is not obligated to supervise or otherwise care for my animal.

_____ I acknowledge that GCSOM may ask an individual with a disability to remove an assistance animal from the premises if: 1. The animal is out of control and the animal's handler does not take effective action to control it; or 2. The animal is not housebroken i.e., trained so that, absence illness or accident, the animal controls its waste elimination.

_____ I acknowledge that my animal must have a harness, leash, or other tether, unless the handler's disability prevents use of such controls, or their use would interfere with the animal's safe, effective performance of work or tasks.

_____ I confirm that my animal is trained to behave properly in public, including taking direction at command. I acknowledge that my animal should be walked in designated area only (located on the east side of the building near Kressler Court).

Student Name (print): _____

Student Signature: _____

Date: _____

This signature implies understanding of student responsibilities and gives permission to share this form with Facilities Office.



Verification of Disability Form (Psychological)

Student Name: _____

I am requesting disability support services through the Center for Learning Excellence (CLE) at Geisinger Commonwealth School of Medicine (GCSOM). The CLE requires current and comprehensive documentation of my disability/medical condition as one of the criteria used to evaluate my eligibility for disability-related accommodations. Please respond to the following questions as soon as possible and return to me or send to the CLE by mail or confidential fax (570-504-2815). I authorize the Center for Learning Excellence office to contact you if clarification is needed.

Student Signature: _____

Date: _____

Health care provider name (print): _____

Title: _____ Phone: _____ Fax: _____

Organization and Address: _____

The following must be completed by the health care professional listed on this page.

1. Diagnosis(es), date(s), and onset of diagnosis(es): _____

2. Current status of condition(s) (e.g., active, progressing, controlled, in remission): _____

3. Current level of severity (check one): Mild Moderate Severe

4. How long is this condition(s) likely to persist (be as specific as possible—e.g., lifetime; one academic year; duration of academic program enrollment; one month): _____

5. In addition to DSM-V criteria, how did you arrive at your diagnosis? Please check all that apply.

- Clinical interviews with student
- Interviews with other persons
- Behavioral observations
- Standardized rating scale/assessment (please specify): _____
- Other (please specify) _____
- Review of medical records
- Review of educational records
- Neuropsychological testing (include dates): _____

6. What are the functional limitations or symptoms of this condition(s) (consider time management, organization, executive functioning, planning, self-care, social interactions, sleeping, cognitive processing, ability to participate, learning, etc.)?

7. What exacerbates this student's specific disability(ies)? (Please be as specific and detailed as possible)

8. How does the condition (and/or current treatment) impact the student's ability to learn or meet the demands of the school and clinical environment?

9. Identify any accommodations you believe may be necessary in order for the student to participate in the college's programs, activities, and services.

- Extended time (50%) for in class and/or online exams/quizzes
- Extended time (100%) for in class and/or online exams/quizzes
- Reduced distraction testing environment
- Distraction free testing environment
- Priority seating
- Enlarged print for exams/quizzes
- Scheduled breaks during exams
- Unscheduled breaks during exams
- Scheduling clerkship order
- Time off for disability-related appointments
- Adjustments to overnight or on-call practice
- Other (please specify):

Make sure to include the rationale as to why the above accommodations are warranted.

This information is current and accurate to the best of my knowledge based on my recent evaluation of this patient or my review of records of a recent evaluation by a qualified health care provider.

Signature of Treatment Provider: _____

License # _____

Date: _____

Thank you for your cooperation. You may fax or e-mail your report to the Associate Director of the Center for Learning Excellence at striano@som.geisinger.edu. Please call 570-558-4282 if you require additional information. Please attach any additional reports or relevant information. All information on this form will remain confidential in accordance with the Family Educational Rights and Privacy Act (FERPA).



Verification of Disability Form

Student Name: _____

I am requesting disability support services through the Center for Learning Excellence (CLE) at Geisinger Commonwealth School of Medicine (GCSOM). The CLE requires current and comprehensive documentation of my disability/medical condition as one of the criteria used to evaluate my eligibility for disability-related accommodations. Please respond to the following questions as soon as possible and return to me or send to the CLE by mail or confidential fax (570-504-2815). I authorize the Center for Learning Excellence office to contact you if clarification is needed.

Student Signature: _____

Date: _____

Health care provider name (print): _____

Title: _____ Phone: _____ Fax: _____

Organization and Address: _____

The following must be completed by the health care professional listed on this page.

1. Diagnosis(es), date(s), and onset of diagnosis(es): _____

2. Current status of condition(s) (e.g., active, progressing, controlled, in remission): _____

3. How long is this condition(s) likely to persist (be as specific as possible—e.g., lifetime; one academic year; duration of academic program enrollment; one month): _____

4. What are the functional limitations or symptoms of this condition(s) (consider ambulation, upper extremity motor function, hearing, vision, cognitive processes, etc.)? _____

5. What exacerbates this student's specific disability(ies)? (Please be as specific and detailed as possible)

6. How does the condition (and/or current treatment) impact the student's ability to learn or meet the demands of the school and clinical environment?

7. Identify any accommodations you believe may be necessary in order for the student to participate in the college's programs, activities, and services. Make sure to include the rationale as to why these services are warranted.

This information is current and accurate to the best of my knowledge based on my recent evaluation of this patient or my review of records of a recent evaluation by a qualified health care provider.

Signature of Treatment Provider: _____

License # _____

Date: _____

Thank you for your cooperation. You may fax or e-mail your report to the Associate Director of the Center for Learning Excellence at striano@som.geisinger.edu. Please call 570-558-4282 if you require additional information. Please attach any additional reports or relevant information. All information on this form will remain confidential in accordance with the Family Educational Rights and Privacy Act (FERPA).