

Student Accommodation- Initial Registration Form

Hackensack Meridian School of Medicine (“HMSOM”) is committed to providing students with disabilities equal access to its educational opportunities and programs. HMSOM’s Policy on Disability and Accessibility is implemented in the context of the Americans with Disabilities Act (ADA) of 2008 as amended, Section 504 of the Rehabilitation Act of 1973 (Section 504), and the New Jersey Law Against Discrimination, which prohibit discrimination on the basis of disability. HMSOM provides students with reasonable accommodations in accordance with the ADA/Section 504 and applicable state law and its policies governing same.

HMSOM’s Student Accessibility Services reviews requests from students who self-identify their documented disabilities and seek reasonable accommodations.

Students who should submit this form are:

- Admitted students who will be attending HMSOM.
- Current students requesting accommodations for the first time.

Students who should NOT submit this form are:

- Students already registered with HMSOM who wish to request supplemental/additional accommodation(s).
- Students seeking accommodations for temporary conditions

If this is your first time requesting reasonable accommodations, please submit this form and the accompanying documentation to the Director of Student Accessibility Services. If you have any questions about this application, or require assistance in completing this form, please contact Student Accessibility Services at _____.

Name: _____

Legal Name (if different): _____

Student Identification Number: _____

Anticipated Graduation Date: _____

HMSOM Email Address: _____

Preferred Telephone Number: _____

Address: _____

City: _____

State: _____

Zip Code: _____ **Diagnosed**

Disabilities

Type of Disability	Specify
ADD/ADHD	
Hearing Impairment/Deaf	
Learning Disability	
Chronic Medical Condition	
Physical/Mobility	
Psychiatric (Psychological or Mental Illness)	
Neurological	
Traumatic Brian Injury	
Visual Impairment/Blind/ Low Vision	
Asperger's/ Autism	
Undiagnosed Condition (please describe)	
Other (please describe)	
Temporary Condition	

If not listed on the chart above, please describe the disability for which you seek an accommodation:

Please list the date of diagnosis for all disabilities identified and referenced above.

Functional Impact

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

How does your disability impact your ability to complete coursework, testing or other program requirements?

How does your disability impact your daily activities outside the classroom?

Treatments and Supports

Please identify what major life activity(ies) is/are affected by your condition(s):

If you are prescribed medication for your condition which causes side effect(s) for which you require accommodations, please describe medication taken, the side effect(s) and the requested accommodations:

Describe any special equipment, assistive technology, mobility aids or auxiliary aids that you use:

In what ways, if any, do you anticipate your medical condition affecting your ability to meet the Technical Standards at HMSOM?

Please explain how this disability has previously impacted you in an academic or clinical environment:

Historical Accommodations

High School, College, University Accommodations Previously Offered And Approved	Did you use this Accommodation? Yes, No or Partial Use (explain)	Dates You Received Your Accommodations.

National Standardized Testing Accommodations	Approved Accommodations Yes, No or N/A	Specify Accommodations

SAT		
ACT		
GRE		
MCAT		
USMLE		
Others		

Have you received any other accommodations in an educational and/or clinical settings, which are not listed above? Please describe those accommodations (including the institution and dates of the accommodation). Attach additional pages if necessary.

Have you used auxiliary aids in prior educational or clinical settings? Please describe those auxiliary aids. Attach additional pages if necessary.

Requested Accommodations and/or Auxiliary Aid

Accommodations/Auxiliary Aid Requested (including academic, clinical, and/or other)	Rationale for Request (use additional paper to complete your response, if needed)

Documentation

In support of your application, you are required to submit documentation from your treating healthcare provider or by an otherwise qualified professional. Accommodation requests cannot be considered until all appropriate documentation is received by HMSOM. Your documentation must meet the guidelines that are included in the HMSOM Student Reasonable Accommodation policy.

Is the documentation included?

Yes No

Certification And Permission

Under the Family Educational Rights and Privacy Act (FERPA), the Hackensack Meridian School of Medicine (“HMSOM”) may share information and communicate with appropriate HMSOM personnel on a need-to-know basis in order to facilitate the process of determining accommodation implementation. In limited circumstances, specific information may be required to be disclosed in order to protect individuals in an emergency or to comply with law and/or HMSOM policies and procedures. The information on this form may be used in aggregate form for reporting purposes.

I understand that the Director of Student Accessibility Services and Student Accessibility Services staff may need to discuss the implementation of my requested reasonable accommodations with other members of the HMSOM faculty/staff. I further understand that any such discussions are limited to the nature of the requested reasonable accommodation and not my specific disability.

I understand that any records documenting my disability will be maintained by Student Accessibility Services in confidential files. Student Accessibility Services will not disclose my diagnosis, prognosis or the specific nature of my disability without my express written authorization.

Yes _____ (initial)

Or

No _____ (initial)

I consent to discussions between the Director of Student Accessibility Services, the Student Accessibility Services staff and members of the HMSOM faculty/staff necessary to approve or implement my reasonable accommodations. Student Accessibility Services will not disclose my diagnosis, prognosis or the specific nature of my disability without my express written authorization.

Yes _____ (initial)

Or

No _____ (initial)

I understand that I may revoke this consent at any time by notifying the Director of Student Accessibility Services, in writing, of my revocation.

Yes _____ (initial)

Or

No _____ (initial)

I understand my application is subject to approval by the Director of Student Accessibility Services.

Yes _____ (initial)

Or

No _____ (initial)

I understand that if my application is incomplete, I may be asked to provide additional documentation and that the review process may be delayed.

Yes _____ (initial)

Or

No _____ (initial)

I understand that if I am approved for reasonable accommodations, the Director of Student Accessibility Services will notify me of the approved accommodations by providing me a Letter of Accommodation.

Yes _____ (initial)

Or

No _____ (initial)

I understand that once approved, I must provide my Course Director(s) with a copy of my Letter of Accommodation so that the reasonable accommodations approved by the Director of Student Accessibility Services may be implemented. I further understand that I understand that Student Accessibility Services will not share my Letter of Accommodation with my Course Director(s) on my behalf.

Yes _____ (initial)

Or

No _____ (initial)

I understand that if I elect not to disclose my Letter of Accommodation to my Course Director, the reasonable accommodations cannot be implemented.

Yes _____ (initial)

Or

No _____ (initial)

I certify that the information entered on this form is accurate. I understand that my accommodation request(s) cannot be considered until appropriate documentation is submitted. I understand HMSOM's use of the information on this form as stated above. I understand that HMSOM is not a confidential resource. I understand that by typing my name below, it is the legal equivalent of my handwritten signature.

Signature

Date:

___/___/_____