

STUDENT REQUEST FOR ACCOMMODATIONS

Welcome to ACOM! All information you provide as part of your accommodation application is held on a need to know basis by individuals involved in making accommodation decisions with you in compliance with FERPA. This form and all accompanying documentation should be submitted electronically. Please contact the Disabilities Services Coordinator at **accommodations@acom.edu** if there is a concern with obtaining an electronic copy of this form.

CONTACT INFORMATION

NAME

STREET ADDRESS

CITY/STATE/ZIP

EMAIL

PHONE NUMBER

ANTICIPATED GRADUATION YEAR

• Current academic probation:

☐ Yes ☐ No

• Current academic standing:

☐ Year 1 ☐ Year 2 ☐ Year 3

☐ Year 4 ☐ Other:

Note: Diagnosis of a mental or physical impairment is necessary for conducting the interactive process to determine reasonable accommodations. Accommodations are intended to reduce the impact of limitations for students with impairments; how a mental or physical impairment impacts a particular student is unique to that student. Therefore, evidence of a specific limitation(s) is necessary as part of the interactive process to determine reasonable accommodations on a case by case basis.

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SYMPTOMS

- What accommodations are you requesting for the current year?

- Nature of the Impairment: *(Check all that apply)*

☐ Mental ☐ Physical ☐ ADHD ☐ Learning Disability

☐ Temporary

☐ Other

- Diagnosis:

- How long ago was your disability first professionally diagnosed?

☐ Less than 1 year ☐ 1-2 years ☐ 2-4 years ☐ 5+ more years

- Have you used accommodations before? ____ Yes ____ No
If yes, please explain which accommodations you have used and how they have helped you.

- Have you received prior accommodations for standardized examinations (e.g. SAT, ACT, MCAT, GRE, etc.)?

☐ Yes, Examination:

 Month/Year:

☐ Standardized exam accommodation you received (if extra time, note amount given):

- Have you received College or Graduate school accommodations?

☐ Yes; School received from:

 ☐ No

College Accommodations you received:

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- Have you received Secondary school accommodations?

☐ Yes; School received from: _____ ☐ No

Secondary school accommodations you received:

- Describe how your impairment manifests itself. How does it impact your learning and testing? Be specific.

- Explain how the requested accommodations help compensate for the limitations you experience.

- Describe any tutoring, other services. Explain how these services helped you.

REQUIRED DOCUMENTATION

- Please submit the required documentation with the Accommodations Form to **accommodations@acom.edu**.
- You must provide current documentation from a qualified physician or other qualified provider that supports the diagnosis of a disability and includes specific recommendations for testing and/or physical accommodations. This documentation must include a diagnosis, the date of diagnosis, the method/test used to arrive at the diagnosis, the credentials of the diagnosing professional, and information regarding how the condition/ disability impacts a major life activity, as well as the student's ability to participate in the ACOM curriculum.
- ACOM may require the execution of a release of information to permit inquiry of the diagnosing provider.

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I understand that ACOM's provision of accommodations is prospective only and specific to this academic year. I understand that my request must be re-submitted each year. I further understand that any accommodations I may later request for COMSAEs or for COMLEX must be made directly to NBOME and will be reviewed by NBOME according to their criteria. ACOM cannot and does not guarantee that any institutional grant of accommodations will be recognized by NBOME, NBME, or any other testing authority.

I certify that all information provided herein is truthful, complete, and an accurate representation of my condition and that I have an ongoing obligation to update any outdated information with the Disabilities Services Coordinator. I understand that the provision of false or misleading information in conjunction with this request will be grounds for disciplinary action, up to and including dismissal.

Signature: _____ Date: _____

Please return this form and supporting documentation to: accommodations@acom.edu or mail to Alabama College of Osteopathic Medicine, Attn: Disabilities Services Coordinator, 445 Health Sciences Blvd, Dothan, AL 36303

ACOM STAFF ONLY

Date Received: _____

Received By: _____

Accommodations Granted:

☐ Yes ☐ No

Detail: _____