

MARSHALL UNIVERSITY

Policy and Application Process for Requesting Reasonable Accommodations

I. Overview

In accordance with the Americans with Disabilities Act of 1990 and Section 504 of the Rehabilitation Act of 1973, the Joan C. Edwards School of Medicine at Marshall University (MUSOM) provides reasonable accommodations for individuals with documented disabilities. The Americans with Disabilities Act and accompanying regulations define a person with a disability as someone with a physical or mental impairment that substantially limits one or more major life activities such as walking, seeing, hearing, or learning. The purpose of the application process and required documentation as outlined below is to validate that the applicant is covered under the Americans with Disabilities Act as an individual with a disability and to assist MUSOM in providing the appropriate reasonable accommodations as allowable by law.

Accommodations may include, but are not limited to, time and a half during exams and test taking in a room free from distractions. Additional time in isolation may not be feasible in some instances such as the Gross Anatomy Practical Examinations or simulated clinical examinations.

II. Process for Requesting Accommodations

1. Thoroughly review the application process and share these guidelines with the professionals preparing your documentation.
2. Submit completed application and copies of all required documentation according to the provided guidelines to:

Office of Medical Education
Attn: Robbie Ashworth
c/o MU Office of Disability Services
1600 Medical Center Drive Suite 3420A
Huntington, WV 25701-3655

3. Submit application and accompanying documentation preferably no later than six weeks prior to the start of the semester. It is the responsibility of the applicant to ensure that all application material and documentation is completed and submitted in a timely fashion. Incomplete documentation may result in a delay in processing.

4. Students who have been approved for accommodations are not required to re-submit documentation of the disability; however, they must re-submit annually the “Request for Reasonable Accommodations” form to the Office of Medical Education no later than two weeks prior to the start of the academic year (July 1). If the student’s condition warrants change or new requests, a new form must be completed stating the new/changed requests along with appropriate supporting documentation.
5. All application material and provided documentation is kept in strictest confidence according to HIPAA and FERPA regulations.

III. General Documentation Guidelines for All Disabilities

1. A detailed, comprehensive written report from a qualified professional describing your disability and its severity and explaining the need for the requested accommodation(s).
2. The report should include the following:
 - a. State a specific diagnosis of the disability.
 - b. Be current. The evaluation should have been conducted no more than three years prior to the requested accommodation.
 - c. Clearly describe the specific diagnostic criteria and name the diagnostic tests used, including date(s) of evaluation, list specific test results, and provide a detailed interpretation of the test results in support of the diagnosis. Be sure to include all relevant educational, developmental, and medical history.
 - d. Give a detailed description of the applicant’s current functional limitations due to the diagnosed disability and an explanation of how the diagnostic test results impact the student’s academic performance.
 - e. Provide contact information and credentials of the professional evaluator that qualify him or her to make the diagnosis, including information about professional licensure or certification and specialization in the area of diagnosis. The dated report must be written on the professional evaluator’s letterhead and clearly indicate the name, address, telephone number, and qualifications of the professional.
 - f. If no prior accommodations have been provided, the qualified professional expert should include a detailed explanation as to why no accommodations were given in the past and why accommodations are needed now.

IV. Documentation for Specific Learning Disability, Attention-Deficit/Hyperactivity Disorder, and/or Cognitive Disabilities

Students who request accommodations or for whom accommodations are recommended on the basis of a diagnosis of Specific Learning Disability, Attention-Deficit/Hyperactivity Disorder (ADHD), and/or Cognitive Disabilities must have undergone evaluations that include the following:

1. The evaluation must be conducted by a qualified professional. The diagnostician conducting the evaluation must have comprehensive training in the field(s) of Specific Learning Disability, ADHD, and/or Cognitive Disabilities.
2. Appropriate testing must include recognized measures of intellectual functioning, achievement, memory, processing speed, continuous performance, and attention or tracking tests, as well as checklists or rating scales to assess learning styles/skills, anxiety and depression. Self-report checklists alone are not acceptable as diagnostic criteria.
3. A clear, unequivocal diagnosis of Specific Learning Disability, ADHD, and/or Cognitive Disability based on DSM-5 criteria must be rendered based on a thorough diagnostic interview and appropriate psychological testing. The evaluator must indicate that alternative explanations and co-morbid diagnoses have been ruled out. Existing co-morbid diagnoses must be described.
4. The current functional imitations of the individual in the academic environment must be described.
5. Based on the findings, the evaluator must make appropriate and specific recommendations for accommodation in the learning environment.

IV. Appeals Process

1. Students may appeal decisions regarding reasonable accommodations to the Marshall University Office of Disability Services.



REQUEST FOR ACCOMMODATIONS

In order to receive academic accommodations students must fill out a request form before the beginning of each semester and meet with the Disability Coordinator to confirm accommodations.

Term: _____

Name: _____ Date: _____

Campus Address: _____

Home Address: _____

Phone: _____

Email Address: _____

Student ID Number: _____

Please list accommodations by class, requested accommodation, and full name of instructor:

Course and #	Accommodation Requested	Name of Instructor
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Signature: _____