



Physician's/Clinician's Disability Accommodation Verification

(To be completed by physician, psychiatrist, psychologist, or psychotherapist, as applicable)

Patient/Student's Name: _____ **Patient's Date of Birth:** _____

Student's LECOM Campus:

Erie, PA Bradenton, FL Seton Hill/Greensburg, PA Elmira, NY

Student's LECOM Program: _____

Physician's/Clinician's Name: _____

Date of Evaluation: _____ **Phone:** _____

Address: _____

Diagnosis(es) and date first diagnosed for each:

Evidence to substantiate diagnosis(es): *(Please attach any relevant documentation including the most recent relevant medical and/or psychological testing regarding medical/biopsychosocial condition(s) to assist in verifying a disability and developing an accommodation plan. Accompanying testing and evaluations must be a current statement providing the student's abilities and limitations at the time of the request for accommodation.) Attach additional sheets if needed.*

Current Treatment(s): *(If no treatment has been prescribed, please state reasons why.)*

Please describe the impact the diagnosis(es) will have on the student's ability to participate equally in LECOM's educational program. For reference to complete this section, please find the Health and Technical Standards for each LECOM program at <https://lecom.edu/admissions/student-policies/health-technical-standards/>
Attach additional sheet(s) if needed.

Note regarding students in the Doctor of Osteopathic Medicine program (D.O.): *Students in the Doctor of Osteopathic Medicine program develop palpatory skills used for diagnosis and treatment by both palpating others and being palpated themselves in laboratory classes. With respect to any physical limitations, please keep in mind that the safety of the student and the student's lab partners is of paramount concern. To that end, please be as detailed as possible when recounting the student's limitations (for example, the student cannot abduct right shoulder beyond 30 degrees, cannot lift more than 10 lbs., cannot stand without assistance for more than 5 minutes, etc.).*

Accommodations Recommended: *Attach additional sheets if needed.*

Please indicate a phone number and a preferred time when a LECOM official might contact you if needed to discuss this student's needs:

Physician's/Clinician's:

Signature: (no stamp please) _____

State(s) of Active and Unrestricted Licensure: _____

NPI (national provider identifier): _____

Date form signed: _____

PLEASE RETURN COMPLETED FORM AND DOCUMENTATION TO THE STUDENT'S CAMPUS.

Campus addresses are:

LECOM Erie
Student Affairs Office
1858 W. Grandview Boulevard
Erie, Pennsylvania 16509-1025

LECOM Bradenton
Student Affairs Office
5000 Lakewood Ranch Boulevard
Bradenton Florida 34211-4909

LECOM at Seton Hill
Student Affairs Office
20 Seton Hill Drive
Greensburg, Pennsylvania 15601-1548

LECOM Elmira
Student Affairs Office
1 LECOM Place
Elmira, New York 14901

July 2022