POLICY ON STUDENT ACCOMMODATIONS AND ACCESSIBILITY

Dated: July 25, 2019

Supersedes: Policy on Students with Disabilities dated August 22, 2014 and the School of Medicine Policy on Students with Disabilities dated August 1, 2012

I. PURPOSE
In keeping with its mission to educate outstanding healthcare professionals, New York Medical College (NYMC) values diversity, including individuals with disabilities. In this light, NYMC is committed to ensuring equal access to its facilities, programs, and services.

II. POLICY
New York Medical College complies with Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act (ADA) of 1990, which protects persons from discrimination on the basis of physical or mental impairments for all educational and employment purposes. The College is committed to providing reasonable accommodations to students with documented disabilities who request accommodations. A reasonable accommodation is a modification or adjustment to an instructional activity, facility, program or service that enables a qualified student with a disability to have an equal opportunity. A disability is categorized as a physiological or mental disorder that substantially limits an individual in a major life activity.

III. SCOPE
This policy applies to all students and applicants.

IV. DEFINITIONS
Disabilities include but are not limited to: chronic medical condition, hearing impairment, visual impairment, learning disabilities, mental illness, orthopedic impairment, perceptual impairment, and addiction.

V. PROCEDURES
A. Requesting Accommodations at New York Medical College

1. The Accommodations and Accessibility Director works within the Office of Academic Support (OAS) and is responsible for ensuring a thoughtful and interactive process for all students who are applying for accommodations.

2. Students are required to contact the OAS to identify themselves as an individual with a disability seeking reasonable accommodations. We encourage students to apply for accommodations upon acceptance into their program and to begin this process early. While early engagement with the process is highly recommended, applications for accommodations may be submitted at any time. Issuing decisions regarding a request for accommodations may take up to 15 business days from the date the application is complete. The timeframe will vary significantly based on individual circumstances. The amount of time required to implement an accommodation after approval will depend upon the accommodation requested (e.g. time is necessary to obtain any specific assistive device or technology requested), but every effort will be made to do so expeditiously. Accommodations are only implemented on a prospective basis and will not be applied retroactively.
3. Students requesting accommodations at New York Medical College must submit documentation of their disability. Verbal disclosure of a disability and request for accommodation is not sufficient and cannot substitute for required documentation. Eligibility for services and reasonable accommodations are determined holistically in light of: disability documentation, the student’s report of how their condition impacts them, history of accommodations (if any), and program requirements including any applicable technical standards. If you do not have current or complete documentation of a disability, the OAS will work with you to locate providers in the area to serve as resources.

4. After all necessary documents are received, the OAS will review the application, taking into account the student’s self-report of disability, functional limitation(s), and known or anticipated barriers. If necessary, the OAS will consult with expert clinicians and course/program directors, maintaining confidentiality, to determine if requests challenge technical or program standards.

5. Students can request a re-evaluation of their accommodations or request new accommodations at any time during the year. For some new requests, additional documentation may be necessary. New accommodation requests will be evaluated using the same process as initial accommodation requests, which is outlined below.

6. The OAS is available to assist the student and faculty with the implementation of the accommodations, if needed. Should difficulties arise in the administration of any accommodation, the student should reach out to the OAS immediately.

7. For any student considering accommodations who is unsure what documentation is required or how to obtain the documentation, please set up an appointment with the OAS for assistance with the process. Please see the attachment “Guidelines for Disability Accommodations Documentation” for more information.

8. Below is the step-by-step process for students requesting accommodations. A student’s inquiry is confidential, and students are welcome to obtain general information about accessibility at any time.

a. Complete and submit the Request for Accommodations Form attached here to as Exhibit A.

b. Provide documentation of a disability. Please follow the guidelines outlined in the Guidelines for Disability Accommodations Documentation attached hereto as Exhibit B.

c. Discuss with the OAS your need for services.

d. Through an interactive process, the OAS will work with you to do the following:

i. Determine if you meet the criteria for disability

ii. Discuss potential accommodations

iii. Ensure that any requested accommodations are reasonable and that they do not alter the technical standards or the essential features of the curriculum which include course, clerkship/preceptorship, or other educational experiences. Patient and student safety are discussed, when applicable, and are priorities when determining these accommodations.
e. When a request is approved, you will be provided with a copy (via email) of the letter of accommodation that states your eligibility for services and approved accommodations. At no time will a diagnosis be shared with anyone outside of the OAS, unless specifically requested in writing by the student.

f. The OAS will send the letter of accommodation, described in “8e” above, to certain faculty/administration depending on which school the student attends. The specific process for the relevant school will be discussed with the student at the meeting described in “8c” above. At the request of a student, the OAS will provide the names of all faculty/administration members who will receive the memo.

g. Students are responsible for furnishing each course director or equivalent with their accommodations memo as soon as an accommodation plan is approved by the OAS and at the beginning of each course thereafter. In general, students should provide the memo to the course director at least five business days before: the first exam, activity, or course session to allow proper implementation of the accommodation.

h. After going through the above interactive process, a student who feels the approved accommodations plan does not meet the student’s needs may appeal as per the policy of the respective school.

i. Accommodations are renewed on an annual basis.

A. Temporary/Short-term Accommodations

1. There may be the occasion when a student sustains a serious, but time-limited, injury or illness (e.g., a broken bone, mononucleosis, etc.) which requires the student to miss an extensive period of time, clinical practice, or limits the student’s ability to perform.

2. For the safety of the student, patients, classmates, and staff, the student will engage the OAS to develop a short-term accommodation plan for all educational settings where academic performance may be affected.

3. These time-limited accommodations are created through the interactive process described in points “8d” through “8h” above.

VI. EFFECTIVE DATE

This policy is effective immediately.

VII. POLICY MANAGEMENT

Responsible Executive: Vice Chancellor, Student Affairs
Responsible Officer: Director, University Academic Support Programs
Responsible Office: Office of Academic Support
EXHIBIT A
REQUEST FOR ACCOMMODATIONS

Please allow at least two weeks for the Office of Academic Support (“OAS”) to review your application and supporting documentation. The appropriate documentation that needs to be submitted is described in the Guidelines for Disability Accommodations Documentation, which is available in the OAS and on the College’s website. After OAS has reviewed your application, you will be contacted via e-mail with information about the status of your application. The student must meet in person or via phone with a representative from OAS to discuss needs for accommodation(s) before a decision can be made. Please contact OAS if you have questions regarding this application process.

Students who should submit this form are:
- Admitted students who will be attending New York Medical College.
- Current students already diagnosed with a disability and requesting accommodations for the first time.

Students who should NOT submit this form are:
- Students requesting a temporary testing accommodation.
- Students requesting housing accommodations and/or animal in housing.
- Students already registered with OAS who wish to request supplemental/additional accommodation(s).

I: Student Information:

TODAY’S DATE: ______________________________

NAME: _____________________________________________ STUDENT ID ________________________________
Last First

CURRENT ADDRESS:
________________________________________________________________________________________
Street & Apt # City State Zip

PHONE: (___) ___________ (___) ___________ NYMC EMAIL ADDRESS: ________________________________
Cell Home

BIRTH DATE: ____/____/____

IN CASE OF EMERGENCY, WHOM MAY WE CONTACT ON YOUR BEHALF?

NAME: _____________________________________________ PHONE: (___) ___________ RELATIONSHIP: __________________
Last First

ADDRESS:
________________________________________________________________________________________
Street & Apt # City State Zip
II: Academic Information:

First semester at NYMC (i.e. “Fall 2019”): ____________

Anticipated graduation year: ____________

Please check all schools that apply:

☐ School of Medicine  ☐ SHSP  ☐ GSBMS

Current class & graduation year: Program: Program:

☐ MS1 _____  ☐ MS2 _____  Program Director: Program Director:
☐ MS3 _____  ☐ MS4 _____

III: Disability Related Information:

Please answer the following questions regarding your disability and how it impacts your ability to learn, attend, or participate in NYMC student life.

1. Please indicate type of disability(ies). Check all that apply:
   ☐ Learning disability
   ☐ Attention Deficit / Hyperactivity Disorder (AD/HD)
   ☐ Physical or Mobility
   ☐ Psychiatric (psychological or mental illness)
   ☐ Chronic medical condition
   ☐ Traumatic brain injury
   ☐ Deaf or hard-of-hearing
   ☐ Blind or low vision
   ☐ Undiagnosed condition
   Please describe:
   ______________________________________________________________
   ______________________________________________________________
   ☐ Other
   Please describe:
   ______________________________________________________________
2. Specify the diagnosis or type of disability based on the category(ies) above:
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

3. Date of diagnosis(es): ____________________

4. Primary disability type for which you are requesting accommodations:
____________________________________________________________________________________

5. Please check all that currently apply:
   - I use a wheelchair
   - I use assistive mobility devices (braces, crutches, cane or prosthesis)
   - I wear a hearing aid
   - I need to read lips of instructors
   - I rely on sign-language interpreting services
   - I need speech-to-text services
   - I have difficulty reading the blackboard
   - I have difficulty taking notes in class
   - I have difficulty writing
   - I have difficulty standing for long periods of time
   - I tire easily when I walk distances
   - I have difficulty walking up/down stairs
   - I utilize assistive technology. Please specify:
   ____________________________________________________________________________________
   - Please describe any other mobility or disability related difficulties you are currently experiencing:
   ____________________________________________________________________________________
   ____________________________________________________________________________________

6. Are you currently taking any medication related to your disability or medical condition? Yes ☐ No ☐
   If YES, please list all medications you are taking:
   ____________________________________________________________________________________
   ____________________________________________________________________________________
   ____________________________________________________________________________________
List any side effects of the medications that you are taking and their positive and negative impact on your academic/cognitive abilities and/or activities:

____________________________________________________________________________________

____________________________________________________________________________________

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

____________________________________________________________________________________

____________________________________________________________________________________

8. How have accommodations been helpful to you in the past? If you are requesting accommodations for the first time, please describe reason(s) accommodations were not needed and/or were not requested previously:

____________________________________________________________________________________

____________________________________________________________________________________

IV: Accommodations and Services:

Please specify the accommodations you are requesting. OAS will consider your request in light of your disability as described in your supporting documentation, other information provided to OAS including medical documentation, as well as the requirements of your specific academic program.

1. Please check all of the accommodations that you are requesting:

   **Campus Accommodations:**
   - Elevator and lift access. Please specify location: ______________________________________
   - Locker on campus. Please specify location: ____________________________________________
   - Orientation and mobility training
   - Other campus accommodations. Please specify: ________________________________________

   **Classroom Accommodations:**
   - Note-taking support
   - Class notes and other materials in alternative format. Please specify: __________________
   - Permission to tape record lessons/classes
   - Preferential class seating
   - Accessible classroom and furniture Please specify: ________________________________
   - Communication accommodations Please specify: ________________________________
☐ Other classroom accommodations. Please specify:
_____________________________________________

Testing Accommodations:
☐ Extended time for testing. Amount requested:
________________________________________________
☐ Smaller proctored environment
☐ Reader for exams
☐ Scribe for exams (answer recorded or written for student)
☐ Additional break time between examination components
☐ Other testing accommodations. Please specify:
_______________________________________________

Communication / Technology Accommodations:
☐ Sign-language interpreters
☐ Assistive listening devices
☐ Speech-to-text services (captioning)
☐ Audio format. Please specify:
_____________________________________________________________
☐ Other communication / technology accommodations. Please specify:
_____________________________________________________________
_____________________________________________________________

2. Please list any services/accommodations you received as an undergraduate or at any previously attended school and provide OAS with a letter from your previous school, verifying the accommodations that were provided (please note that while such services do not necessarily carry over to your current program, the information is helpful to give OAS background information on your disability-related needs):

Institution: ____________________________________ Years Attended: ____________________________
Accommodation(s) received
____________________________________________________________________________________
____________________________________________________________________________________

Institution: _________________________________ Years Attended: ____________________________
Accommodation(s) received:
____________________________________________________________________________________
____________________________________________________________________________________
V: Confidentiality:
Information presented in support of the student’s request for consideration and accommodation as a person with a disability is considered private and sensitive and will be handled according to the school’s FERPA (Family Educational Rights and Privacy Act) policy. The application, supporting documentation and information from verbal discussions with the student will be kept in a confidential file within OAS. In accordance with FERPA, information from the file will only be shared with other institutional personnel only when there is a legitimate educational interest.

VI: OPTIONAL: Release of Information (external source)
In order to arrange for reasonable and appropriate accommodations, it may be necessary for Mrs. Megan Siemers Livingston, Accommodations and Accessibility Director for New York Medical College, to communicate to the following individuals on your behalf.

I ________________________________ am enrolled as a student at New York Medical College. I give permission to Mrs. Megan Siemers Livingston, Accommodations & Accessibility Director for New York Medical College to share information with the following individuals on my behalf:

________________________________________________________________________________________
________________________________________________________________________________________

☐ Other individuals (counselors, physicians, etc.). Please provide name and contact information:
________________________________________________________________________________________

VII: Signature:
My signature below attests that the information provided on this form is accurate and true.

_________________________________________  _______________
Student’s Signature      Date

PLEASE SUBMIT THIS FORM TO THE OFFICE OF ACADEMIC SUPPORT,
40 SUNSHINE COTTAGE RD. 2ND FLOOR, ROOM 221.

FOR THE OFFICE OF STUDENT ACADEMIC SUPPORT

Date received:                                Date met:

_________________________________________
Signature of Accommodations and Accessibility Director
GUIDELINES FOR DISABILITY ACCOMMODATIONS DOCUMENTATION

Students requesting accommodations at New York Medical College must submit documentation of their disability. Eligibility for services and reasonable accommodations are determined holistically in light of: disability documentation, the student’s report of how their condition impacts them, perceived need for accommodations, history of accommodations (if any), and program requirements including any applicable technical standards.

Lack of accommodations history or specific documentation should not prevent a student from making a request for accommodations. If you are unsure what documentation is required or how to obtain the documentation, please meet with us so we can assist you through the process.

Please note that national standardized testing agencies may have different documentation requirements than are listed below.

The guidelines below are divided into different categories:
- Learning disabilities
- Chronic health/physical/sensory disabilities
- Psychological disabilities
- Short-term/temporary disabilities

Documentation must be issued by a medical or other qualified, licensed professional and printed on letterhead including the professional’s licensing information, date, and signature. The medical or other qualified licensed professional cannot be related to the student by marriage or affinity. The Office of Academic Support (OAS) reserves the right to require that a copy of the report be transmitted directly from the evaluator to the Office. The OAS may request additional documentation to support an accommodation request.

The following information must be present on all submitted documentation provided to the OAS:

**Student information**
- Full name
- Date of birth
- Phone number
- Address
- School and program

**Certifying health professional information**
- Name
- Professional title
- Address
- Licensing credential, number and state
- Signature of the evaluator
Reports should include date of assessment, date of letter and should be on professional letterhead. The report(s) must include the following information.

- First and latest date of contact
- Diagnosis(es)
- An indication as to whether the condition(s) listed in your report substantially limit(s) a major life activity and, thereby, rise(s) to the level of a disability.
- Brief history *(including onset of symptoms, progression to date and any previous accommodations received)*
- Functional limitations *(describe degree and basis for the impairment: mild, moderate, severe)*
- Suggested accommodation(s) in graduate school *(provide brief rationale for each suggestion)*
- Course of the condition(s):
  - Permanent and relatively stable
  - Permanent and variable
  - Permanent and progressive
  - Temporary

**Documentation requirements for a learning disability**

I. A qualified professional must conduct the evaluation

- Evaluators must have professional training in, and experience with, evaluating learning disabilities in adults.

II. Documentation must be current

- Reports should reflect the current functional limitation(s) of the student.
- In general, evaluations conducted in the last three years will be considered timely. *Please note many national standardized testing agencies will not accept documentation more than three years old.*
- Documentation should describe the current impact of the diagnosed condition in the academic and clinical domains. If able, the evaluator should make recommendations appropriate to a professional health science program setting.

III. Documentation must be comprehensive

- Reports should include a full history of the student (medical, developmental, academic, familial) and indicate any evidence of early impairment, even if not formally diagnosed previously.
- Reports should indicate evidence of current impairment, including the results of a diagnostic interview and psychoeducational tests designed to identify learning disabilities.

IV. Minimally, documented evaluations must include the following:

- Assessment of cognitive ability/intellectual functioning
- Measurement of academic achievement
- Instruments that measure various domains of information processing
- Other instruments to help confirm or rule out the diagnosis of a learning disability
- A specific diagnosis
- All psychoeducational test scores along with an interpretation of each, and a summary
- Evidence ruling out alternative explanations for learning problems (i.e. difficulties that are motivational, emotional, attentional, or related to limited fluency in the English language)
- Any coexisting disorders or suspected coexisting disorders
Whether or not the evaluator believes the diagnosed condition rises to the level of a disability as defined in the Americans with Disabilities Act (ADA); a clear indication of the student’s functional limitation(s) must be included

**Recommendations for accommodations tied directly to the designated functional limitation(s) with a rationale explaining why each recommendation for accommodation is appropriate**

**Documentation requirements for chronic health/physical/sensory disabilities**

**I. A qualified professional must conduct the evaluation**
- Evaluators must have professional training in, and experience with evaluating the diagnosis of like or similar conditions in adults

**II. Documentation must be current**
- Reports should be based on evaluations performed within a reasonable time frame, depending on the degree of change associated with the diagnosed condition(s)
- Generally, a reasonable time frame is not more than three years, but may be shorter in many instances
- Reports should accurately describe the current impact of the diagnosed condition and should indicate the currently anticipated course of the condition

**III. Documentation must be comprehensive**
- Reports should include both: a description of, and evidence of an impairment
- Treatment plans should be briefly described
- Specific diagnosis(es) must be included
- Any coexisting conditions, suspected coexisting conditions or other confounding factors must be addressed
- Documentation must indicate whether or not the diagnosed condition(s) rises to the level of a disability as defined by the Americans with Disabilities Act (ADA) and provide rationale to support the opinion
- There must be a clear indication of the individual student’s functional limitation(s)
- Documentation should include recommendations for accommodations that are directly related to the functional limitation(s) and relevant to a professional school environment
- A rationale, explaining why each recommendation for accommodation is appropriate, should be provided

**Documentation requirements for psychological disabilities**

**I. A qualified professional must conduct the evaluation**
- Evaluator must have training in, and experience with, the differential diagnosis of psychiatric disorders in adults

**II. Documentation must be current**
- Reports are to be based on evaluations performed within six months
- If a report is older than six months, and the student has remained in clinical contact with his or her evaluator, that professional may supplement the original report with a letter (on letterhead) describing any and all changes since the previous report
- Documentation, including any supporting non-medical documentation, should describe the current impact of the diagnosed condition(s)
• Documentation should describe any currently mitigating factors, such as medication or other treatment that further impact the student’s functioning (i.e. cognitive fogging or slowing due to side effects of medication)
• Documentation should make recommendations appropriate to a professional school environment

III. Documentation must be comprehensive
• Reports should include a brief history of the student’s disorder
• A specific diagnosis(es) must be included
• Reports must indicate that DSM-V criteria have been met for each condition; other potential diagnoses must be ruled out in the report
• Documentation must indicate whether or not the evaluator believes the diagnosed condition(s) rise(s) to the level of a disability as defined in the Americans with Disabilities Act (ADA)
• There must be a clear indication of the individual student’s functional limitations in a professional school environment and across other domains
• Documentation should include recommendations for accommodations that are directly related to the functional limitations
• Documentation must include rationale explaining why each recommendation for accommodation is appropriate

Short-term/temporary accommodations
There may be the occasion when a student sustains a serious, but time-limited, injury or illness (e.g., a broken bone, mononucleosis, etc.) which requires the student to miss an extensive period of time, clinical practice, or limits the student’s ability to perform. For the safety of the student, patients, classmates, and staff, the student will engage the OAS to develop a short-term accommodation plan for all educational settings where academic performance may be affected. These time-limited accommodations are created through the interactive process described in points “a”-“h” of the NYMC Accommodations and Accessibility policy.

Students seeking short-term/temporary accommodations will:
• Complete a Request for Temporary Accommodation Form
• Provide documentation from their treating clinician stating the diagnosis to OAS; please adhere to information stated above for documentation requirements
• Specify any restrictions such as lifting, mobility, proximity to a restroom, etc.
• Include an expected date when student will most likely be eligible to return to duty without any restrictions