



NEW YORK MEDICAL COLLEGE

A MEMBER OF THE TOURO COLLEGE AND UNIVERSITY SYSTEM

Office of Academic Support

40 Sunshine Cottage Road, Valhalla, NY 10595

914-594-3880 AcademicSupport@nymc.edu

REQUEST FOR ACCOMMODATION(S)

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



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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 _____

MS3 _____

MS4 _____

Program Director: _____

Program Director: _____

Program Director: _____

Program Director: _____

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: _____



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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.



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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: _____



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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
