



CENTER FOR ACADEMIC SUCCESS STUDENT ACCESSIBILITY SERVICES

Disability Verification Form for Campus Change- Site Exemptions

Please specify:

Campus Change

Clerkship Site Exemptions

Other: Please provide information here:

AUGUST 1 DUE DATE:

Both the form, any additional documentation, and the meeting must be submitted/completed on or before August 1.

- **COMPLETED DISABILITY VERIFICATION_CAMPUS CHANGE/SITE EXEMPTION FORM**
- **STUDENT MEETING WITH HEALTH SCIENCE DISABILITY COORDINATOR**

The University of Vermont's (UVM) Student Accessibility Services (SAS) supports students seeking accommodation for disabilities (learning, developmental, psychological, physical or any other chronic medical conditions) that impact learning and any other major life activities.

Students who wish to receive an exemption or partial exemption from traveling to distant clinical sites must have this form completed by a qualified health care provider, which may be a certified physician, other diagnosing medical professional, or specialist (such as, but not limited to: an MD, audiologist, neurologist, endocrinologist, psychotherapist). *The individual completing this form must have first-hand knowledge of the student's condition and be an impartial professional who is not related to the student.*



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DO NOT UPLOAD TO OASIS; RETURN FORM TO SAS BEFORE SEPTEMBER 1:

Student Information (this section to be completed by the student)

Permission to release information to The University of Vermont

Name (please print): _____ Date: _____

Signed: _____ UVM Student #: 95 _____

Phone: _____ Email: _____

Please describe your site exemption and/or campus change request (see "Recommendations" section below for clarification):

Specify the medical condition and how it impacts your ability to travel and/or live away from home, or the request to change campuses.

*******TO BE COMPLETED BY A CERTIFIED PROFESSIONAL*******

Note to Provider:

- This student is requesting exemption from placement at particular clinical training sites.
- The student is requesting an ADA accommodation to be exempt, or partially exempt, from a rotation/clinical that requires them to either live away from home or increases daily commute



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time considerably.

- As a medical provider, we are asking you to fill out the form and specifically address the extent or frequency of time away that the student can complete without compromising their disability condition, and or the limitations/concerns with a placement outside of UVMCC

Medical Condition/Disability Info:

1. What is/are the diagnosis/es? _____
2. Severity (circle one): Mild Moderate Severe
3. Diagnostic criteria/tests used:

4. When did you first meet with the student regarding this disability? _____
5. When did you last interact with the student regarding this disability? _____
6. How many times have you met with the student regarding this disability? _____
7. What are the dates of the most recent evaluation and last contact with the student?

8. What is the expected duration of this condition? _____
9. If relevant, please describe current treatments and/or medications currently prescribed:

10. How does the condition impact the student's ability to travel or live away from home for a period of time, or impact the student if needing to move to out of state?



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REQUIRED: Please provide, in a separate document, additional relevant information located within the appropriate disability category under our [Documentation Guidelines](#) . **This request will not be considered complete without this information.**

Signature of Certifying Professional: _____ Date: _____

Name of Certifying Professional (please print): _____

Credentials: _____

License/Certification Number & State of Licensure: _____

Address (city/state/zip): _____

Phone: _____ Email: _____

RETURN FORM TO:

Student Accessibility Services



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