

## Accommodation Request Policy and Procedures

### Purpose

Associates in Emergency Care ("AEC") is committed to providing equal opportunity and reasonable accommodations to applicants with disabilities. AEC's Accommodations Request Policy and Procedures ("Policy") outlines its policies and procedures for requesting and providing reasonable accommodations to students with disabilities in educational programs. The purpose of the Policy is to ensure that all applicants to AEC programs and/or students have equal access to educational opportunities and can participate fully in all aspects of the program .

### Definitions

- Reasonable Accommodation: A modification or adjustment to an educational program, service, or activity that enables a student with a disability to participate fully and effectively in the program, service, or activity.
- Disability: A physical or mental impairment that substantially limits one or more major life activities, including learning.

### Eligibility

Any applicant to an AEC program and/or current student with a disability who needs reasonable accommodation to participate fully in the educational program is eligible to request such accommodations by following the procedures set forth in this Policy.

### Request Process

To request reasonable accommodation, an applicant/student must contact the educational program's Accommodations Coordinator, Kristina Boberg (the "Accommodations Coordinator"). The Accommodations Coordinator will provide the student with an Accommodations Request Form ("Form") and will be available to answer any questions the applicant/student may have concerning the information required to be provided in the form.

The Form includes:

- The student's name and contact information
- The student's disability
- The accommodation that the student is requesting
- The duration of the requested accommodation
- An explanation of how the requested accommodation(s) will enable the student to meet the program requirements
- Documentation from an appropriate health care or rehabilitation professional. This includes psychiatrists, psychologists, nurses, physical therapists, occupational therapists, vocational rehabilitation specialists in addition to medical doctors.
- Any Individualized Education Plans (IEPs,) current or previous.
- Any additional information or documentation that the applicant/student believes is relevant to the request for accommodation

### Review Process

Once the applicant/ student has submitted the request form, the Accommodations Coordinator will review the request and discuss it with the applicant/student. The Accommodations Coordinator may also consult with other members of the AEC executive team ("Executive Team").

The Executive Team will make a decision about whether to grant the requested accommodation(s). If the Accommodations Coordinator decides to grant the accommodation, the Accommodations Coordinator/Executive Team will develop an accommodation plan in consultation with the applicant/student.

To the extent that the requested accommodation is in connection with an application for a program, the Form must be submitted by the applicant within a reasonable amount of time to allow the Accommodations Coordinator and Executive Team an adequate amount of time to consider the request in advance of the program's commencement date.

### **Accommodation Plan**

The accommodation plan (the "Plan") will outline the specific accommodations that the applicant/ student will receive. The Plan may also include a timeline for implementing the accommodations and a process for monitoring the effectiveness of the accommodations.

The following are non-exclusive examples of what a Plan may include. Specific items to be included in the Plan will be determined on a case-by-case basis depending on the nature of the disability.

- Extended Time on Quizzes & Exams – Students requesting extended time on exams and quizzes may be provided an additional 50% additional on time. For example, an examination allotted one hour would be allotted 1 hour and thirty minutes.
- Ear plugs or noise-cancelling headphones.

### **Notification**

The Accommodations Coordinator will notify the applicant/student of the decision about the request for accommodations. If the Accommodations Coordinator decides to grant the accommodation, the Accommodations Coordinator will provide the applicant/ student with a copy of the Plan.

### **Appeals**

If the applicant/student is not satisfied with the decision about the request for accommodation, the applicant/ student may appeal the decision to the Executive Team. The Executive Team will review the request and make a final decision.

### **Confidentiality**

All information about applicants/students with disabilities, including information about accommodations requests, is confidential and shall be protected by AEC.

### **Responsibilities**

The educational program is responsible for providing reasonable accommodation to applicants/students with disabilities in accordance with the Policy and in accordance with the Functional Job Descriptions for ALS and BLS providers.

The Accommodations Coordinator is responsible for reviewing and processing accommodation requests, developing accommodation plans, and monitoring the implementation of accommodation plans.

The applicant/student is responsible for requesting accommodation by following the Request Process identified above.

### **Evaluation**

The Policy will be reviewed and reevaluated, as necessary, and at least annually, to ensure that it continues to be effective, and that it meets the needs of applicants/students who have demonstrated their entitlement to reasonable accommodation.

## Accommodation Request Form

Name of Applicable Program \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Primary Phone Number \_\_\_\_\_

Primary Email Address \_\_\_\_\_

### Disability Information:

Please briefly identify your disability diagnosis and include details regarding the nature, severity, duration of impairment and any activities or functions that are limited by the disability, along with the extent to which the disability may affect the ability to perform the functions needed to successfully complete the program.

**Accommodations Requested:**

Please briefly describe the accommodation you are requesting. If there is more than one accommodation that you believe will meet your needs, please describe all possible accommodations. Be specific and thorough, as any additional requests will need to be processed and may delay any accommodation considerations.

**Duration of the Requested Accommodation(s).**

Please state the length of time the requested accommodation(s) will be needed.

## Associates in Emergency Care

### How the Accommodation(s) will Enable you to Perform the Program Requirements

Please explain how the requested accommodation(s) will enable you to perform the Program Requirements.

### Additional Information

To the extent not provided in response to any of the forgoing requests for information, please provide any additional information you feel may be relevant to your request.

### Required Attachments

Documentation from an appropriate health care or rehabilitation professional is required to consider this application. This includes psychiatrists, psychologists, nurses, physical therapists, occupational therapists, vocational rehabilitation specialists in addition to medical doctors. Any Individual Education Plans (IEPs), current or previous, should also be attached.

<b>Attachments Included:</b>	<input type="checkbox"/> Documentation from healthcare/rehabilitation professional <input type="checkbox"/> IEP <input type="checkbox"/> Other
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<b>Reviewed By</b>  <input type="checkbox"/> Accommodations Coordinator	Date
<b>Signature:</b>	
<input type="checkbox"/> Executive Team	Date
<b>Signatures:</b>	
<b>Attachments Reviewed:</b>	<input type="checkbox"/> Documentation from healthcare/rehabilitation professional <input type="checkbox"/> IEP <input type="checkbox"/> Other
<b>Is the Documentation sufficient?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No (Please explain)
<b>Decision on Accommodations</b>	Approved (Please list accommodations that will be provided)
	Denied (Please provide explanation)