POLICY ON STUDENTS WITH DISABILITIES

Dated: August 22, 2014
Supersedes: Policy on Students with Disabilities, dated August 1, 2012

I. PURPOSE

Pursuant to several federal and state laws, including the Americans with Disabilities Act of 1990, as amended by the ADA Amendments Act of 2008, Section 504 of the Rehabilitation Act of 1973, all qualified students with disabilities who identify themselves as individuals with a disability are protected from discrimination on the basis of disability and are eligible for reasonable accommodations or modifications in the academic environment to enable them to enjoy equal access to academic programs, services or activities. Each year, New York Medical College admits a class of exceptional men and women, among whom there may be individuals with disabilities as defined by these laws. The purpose of this policy is to reaffirm New York Medical College’s commitment to comply with the laws regarding equal opportunity for all qualified students with disabilities who have identified themselves to the College in a timely manner as individuals with a disability in all aspects of campus life; ensure that each student, disabled or not, admitted to any of the constituent schools of the College will be capable of completing the full curriculum of required courses and electives under the established College policies and in accordance with applicable technical standards for admissions and enrollment; and making reasonable accommodations as are necessary in accordance with the procedures of this Policy to ensure that its programs and activities do not discriminate, or have the effect of discriminating, on the basis of disability.

II. POLICY

New York Medical College prohibits discrimination against any individual on the basis of physical or mental disability. It is also the policy of the College to provide reasonable accommodations, as required by Section 504 of the Rehabilitation Act of 1973, the ADA and the ADA Amendments Act of 2008 (the “ADAAA”), to qualified students with a diagnosed and documented disability who have identified themselves to the College in a timely manner as individuals with a disability so that such qualified students will be capable of completing the full curriculum of required courses and electives under College policies and in accordance with applicable technical standards for admissions and enrollment. Such reasonable accommodations shall be provided on an individualized and flexible basis and shall serve to alleviate an impairment created by a functional limitation unless such accommodations would impose an undue burden or fundamentally change the essential educational environment of the program involved or adversely affect the safety and welfare of other students, faculty or patients. Furthermore, it is the policy of the College to require qualified students with disabilities to meet the same academic standards as nondisabled students.

III. SCOPE

This policy applies to all students of the College’s School of Medicine, School of Health Sciences and Practice and the Graduate School of Basic Medical Sciences.
IV. DEFINITIONS

"Disabled" – within the meaning of the ADA, an individual with an impairment that substantially limits a major life activity.

“COSD” – Committee on Student Disabilities

V. PROCEDURES

A. Student Registration and Accommodation Request Procedures

1. A student seeking an appropriate and reasonable accommodation by the College must identify themselves as an individual with a disability by completing and filing the Registration and Application for Accommodation form, attached herein as Exhibit A (Word and PDF), and submitting the appropriate medical documentation of a disability as specified below with the Director of University Academic Support Programs as soon after matriculating as possible, before a semester begins or as soon as a disability becomes known. Appropriate medical documentation of a disability must include a written evaluation from a licensed physician, psychologist or other qualified specialist that establishes the nature and extent of the disability, the basis for the diagnosis and the dates of testing, and the current need for accommodation. The documentation must at a minimum provide for the following:

a. Clearly identify the diagnosed disability or disabilities;
b. Describe the functional limitations resulting from the disability or disabilities;
c. Be current within three (3) years for learning disabilities and ADHD, and within six (6) months for psychiatric impairments;
d. Be current for visual, hearing or mobility-related impairments. (Although some individuals have long-standing or permanent diagnoses, because of the changing manifestations of many physical disabilities, it is essential for those individuals to provide recent and appropriate documentation from a qualified evaluator);
e. Include a complete educational, developmental and medical history relevant to the disability;
f. Include a list of all test instruments used in evaluation and relevant subtest scores. (This requirement does not apply to visual, hearing or mobility-related impairments,);
g. Describe the specific accommodations, adaptive devices, assistive services, compensatory strategies and/or collateral support services requested;
h. Be typed or printed on official letterhead and signed by an evaluator qualified to make the diagnosis, including licensure or certification and area of specialization; and,

i. Provide documentation of accommodations received at previous educational institutions.

Medical documentation may need to be updated or augmented in order to be reviewed more fully. A student who submits documentation that does not meet the above guidelines will be required to send a revised evaluation before being considered for accommodations. Students need to allow time for the paperwork to be reviewed and processed. From the time a student's complete file has been submitted, it will take up to ten (10) business days to make a determination and notify the student of a decision. Students should plan accordingly and submit documents early, so there is enough time to review the file, make a determination, and put exam accommodations in place prior to any upcoming examinations.

2. The evaluation and forwarding of medical documentation to the Director of University Academic Support Programs shall be done at the student's expense.

3. The completed Registration and Application for Accommodation and the medical documentation received shall be reviewed by the Director of University Academic Support Programs. Following such review, the Director of University Academic Support Programs shall discuss the matter with the student and prepare a written accommodations plan if the student is found to qualify for reasonable accommodations because of a disability. Not all accommodations requested by a student or suggested by an evaluator are necessarily feasible, reasonable or appropriate in a medical or graduate school environment. The student's needs and preferences shall be taken into consideration, along with the applicable technical standards for admissions and enrollment, when determining what is reasonable; however the College is not obligated to approve a student's exact request. If the student agrees with the written accommodations plan, he/she will sign it together with the Director of University Academic Support Programs and such plan shall be in effect for the term of such academic year. Such plan shall thereafter be reviewed each academic year by the Director of University Academic Support Programs and the student involved at the beginning of each academic year to determine whether it should be continued, modified or terminated. A digital signature is sufficient to show the student has reviewed and accepted the offered accommodations.

B. Committee on Students and Disabilities

A Committee on Students and Disabilities ("COSD") shall review applications for accommodations and medical documentation upon the written request of either
the Director of University Academic Support Programs or a student from a denial of a requested accommodation or the student's non-acceptance of the written accommodations plan. The Committee shall consist of the Director of University Academic Support Programs and two full-time faculty of the College appointed by the Chancellor for Health Affairs and Chief Executive Officer. The Chairman of the COSD shall be selected by the COSD from among its members. The Office of General Counsel shall participate in an advisory capacity.

The following procedures shall be in effect following the receipt of a written request for consideration by the COSD:

1. The COSD shall review the application for accommodation, the medical documentation submitted, the written accommodations plan if any, and any information gathered through the personal interview with the Director of University Academic Support Programs.

2. If the COSD finds that the documentation provided by the student is insufficient, the student may be asked to obtain and submit additional documentation at his or her expense.

3. In the event that the COSD disagrees with the findings and/or recommendations of an evaluator, a second evaluation may be requested, at the College's expense.

4. The Director of University Academic Support Programs may approve temporary accommodations until the COSD is able to consider and decide on the student's request.

5. The COSD shall notify the student of its decision and approve a written accommodations plan if the student is found to qualify for reasonable accommodations because of a disability. The COSD may amend or modify a requested accommodation.

6. A student may appeal the COSD decision directly to the COSD by submitting an explanatory letter to the Director of University Academic Support Programs within five (5) business days of receipt of the written decision. A meeting of the COSD shall thereafter be convened as soon as reasonably possible upon written notice to the student. The student shall be prepared to present his or her arguments to the COSD. During such period, temporary accommodations will remain in place, or new temporary accommodations as agreed by the Director of University Academic Support Programs and the student. The COSD shall notify the student, in writing, of its decision, which shall be final and binding.

C. Implementation
1. The Director of University Academic Support Programs shall provide the student with a copy of the written approved accommodations plan, which the student may share with faculty and staff who have relevant responsibilities or on a need-to-know basis. The Director of University Academic Support Programs may need to speak directly to faculty and/or staff to discuss the student’s functional limitations.

2. The student must present the approved accommodations plan to faculty and staff, at least five (5) business days prior to the examination, in order to have the accommodations implemented. The Director of University Academic Support Programs may assist the Student, faculty and staff where the accommodations include assistive devices, intermediaries or extensive supplemental aid or the like.

D. Confidentiality

1. Information relating to a student’s disability shall remain confidential.

2. Faculty and staff, with the exception of those on the COSD, shall not have the right to access students’ diagnostic information although the student has the right to share this information as they so choose.

3. In the event that certain faculty members and/or administrators may have an educational need to know about a student’s functional limitations, the Director of University Academic Support Programs shall speak directly with those individuals to maintain confidentiality.

4. Faculty and staff provided with the accommodations plan shall maintain the confidential nature of the information and use that information with discretion.

5. All documentation and official correspondence concerning a student’s disability shall be kept in a separate file in the Office of Student Affairs.

6. Clinical faculty shall not breach confidentiality while preparing student evaluations. These evaluations shall not make mention of a student’s disabilities or accommodations for disabilities. Once a student has been approved for specific accommodations that student shall be held to the same essential performance standards as all other students.

7. With respect to letters of reference solicited by students, faculty may mention a disability only if the student gives them prior written permission.
8. The College does not notify potential residency programs or other employers about student disabilities without specific permission from the student. Since students with disabilities, once accommodated, are held to the same standards as other students, the College does not make mention or notation of any kind on the transcript or in the official Dean’s letter (MSPE), unless approved by the student in writing.

E. Emergency Evacuation

Students with concerns about evacuating in the case of an emergency shall contact the Office of Student Affairs to develop a personal plan for safety.

VI. RESPONSIBILITIES

A. Student

1. Meet all applicable technical standards for admissions and enrollment as well as requirements of academic courses and practicum.

2. Identify and declare in a timely manner a disability, or suspected disability, in writing, using the Registration and Application for Accommodation form if seeking accommodations in accordance with this Policy.

3. Provide medical documentation in a timely manner from an appropriately licensed evaluator as required by this Policy that demonstrates how the disability limits student’s participation in programs or services of the College.

4. Timeliness in submitting documentation at least ten (10) business days prior to an upcoming exam, thereby allowing appropriate time for the documents to be reviewed and arrangements made for accommodation.

B. Office of Student Affairs/ Director of University Academic Support Programs

1. Process and review any applications for accommodations by students in accordance with the procedures of this Policy

2. Communicate with faculty and staff on a need-to-know basis when there is an educational need for information relating to the student’s disability and/or accommodations.

3. Maintain and protect all documentation relating to the student’s disability with confidentiality for one year following a student’s graduation or the date of last attendance.
4. Process paperwork within ten (10) business days of receiving a complete application with all appropriate documentation from the student.

C. Committee on Students with Disabilities

1. Review applications for accommodations, medical documentation and other information presented in accordance with the procedure of this Policy.

2. Decide and notify the student involved of its decisions on applications for accommodations and issue the written accommodations plan if the student is found to qualify for reasonable accommodations because of a disability.

VII. EFFECTIVE DATE

This policy shall be effective as of the date signed below.

VIII. POLICY MANAGEMENT

Responsible Executives: The respective Deans of the School of Medicine, the School of Health Sciences and Practice and the Graduate School of Basic Medical Sciences

Responsible Officer: Vice Chancellor University Student Affairs

Responsible Office: Office of Student Affairs

Any questions regarding the interpretation or application of this policy should be referred to the Office of the General Counsel.

APPROVED:

Edward C. Halperin, M.D., M.A.
Chancellor for Health Affairs and
Chief Executive Officer

Date
REGISTRATION AND APPLICATION FOR ACCOMMODATION

Please allow at least two weeks for the Office of Student Affairs (“OSA”) to review your application and supporting medical documentation. Please note that your application cannot be reviewed until the required medical documentation is received. The appropriate medical documentation that is to be submitted is as described in the Policy on Student Disabilities available in the OSA office and online on the College’s Policies website. After OSA has reviewed your application, you will be contacted via e-mail with information about the status of your application. Please contact OSA if you have questions regarding this registration and application process.

Part I
Section I: Student Information

NAME: _________________________________ NYMC STUDENT ID #: _____________________________

Last Name  First Name

CURRENT ADDRESS: ____________________________________________________________

Street & Apt #  City  State  Zip

PHONE: (____)_____________  (____)_____________  GENDER: [] Male  [] Female  BIRTH DATE: ___/___/____

Cell  Home

NYMC EMAIL ADDRESS: __________________________ OTHER EMAIL ADDRESS: __________________________

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

NAME: _________________________________ PHONE: (____)_____________  RELATIONSHIP: ________________

Last Name  First Name

ADDRESS: ____________________________________________________________

Street & Apt #  City  State  Zip

Section II: Academic Information:

Please check all schools that apply:  
[ ] School of Medicine  Major/Program: __________________________
[ ] SHSP  First Semester at NYMC: ___________
[ ] GSBMS  Anticipated Graduation Date: ___________

Section 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 life.

1. Please indicate type of disability(ies). Check all that apply:
   [ ] Learning Disability
   [ ] Attention Deficit/Hyperactivity Disorder (AD/HD)
   [ ] Physical Disability (mobility impairment)
   [ ] Psychiatric Disability (psychological or mental illness)
   [ ] Undiagnosed Condition
      Please describe: __________________________________________________________

   [ ] Other:
      Please describe: __________________________________________________________
      __________________________________________________________
2. Specify the diagnosis or type of disability based on the category(ies) above:

__________________________________________________________________________________

__________________________________________________________________________________

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

__________________________________________________________________________________

__________________________________________________________________________________

4. What mitigating measures have you used to address your condition(s). Mitigating measures are any device, treatment or medication, assistive technology, reasonable accommodations/and/or compensatory strategies that reduces the impact of disability:

__________________________________________________________________________________

__________________________________________________________________________________

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

   - **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
Classroom Accommodations:
- Note-taking services
- Class notes and other materials in alternative format:
  - Please specify ________________________________________________________
- Permission to tape record lessons/classes
- Preferential class seating
- Accessible classroom and furniture
- Communication Accommodations
- Sign-language interpreters
- Assistive listening devices
- Speech-to-Text services (captioning)

Housing Accommodations: Please complete the remainder of this form and PART II. Both forms should be submitted to the OFFICE OF STUDENT & RESIDENTIAL LIFE Administration Bldg. Room II6, by the date indicated in the housing lottery packet.

Other Accommodations:
- Assistive technology. Please specify: __________________________________________
- Textbooks in an alternative format. Please specify: ________________________________
- Course substitution. Please specify: ____________________________________________
- Elevator and lift access Please specify: _________________________________________
- Locker on campus. Please specify location: ______________________________________
- Other Accommodation. Please specify: _________________________________________

9. Briefly describe why you are requesting the above accommodation(s):
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

10. Please list any services/accommodations you received as an undergraduate or at any previously attended school (please note that while such services do not necessarily carry over to your current program, the information is helpful to give OSA background information on your disability-related needs):
Institution: ___________________________________________ Years Attended: __________
Accommodation(s) received: ____________________________________________________

Institution: ___________________________________________ Years Attended: __________
Accommodation(s) received: ____________________________________________________

Section IV: Signature:
My signature below attests that the information provided on this form is true.

_________________________________________  ____________
Student’s Signature  Date

PLEASE SUBMIT THIS FORM AND THE REQUIRED MEDICAL DOCUMENTATION TO THE SENIOR ASSOCIATE DEAN FOR STUDENT AFFAIRS, OFFICE OF STUDENT AFFAIRS.
PART II: Special Housing Requests

Student: This form needs to be completed, signed and returned by the date indicated in the Housing Selection Packet in order for us to process your request for the following academic year.

Physician: Special housing is extremely limited. Only those students with the greatest medical need(s) will be recommended for special housing arrangements. In order to make this determination, it is important that the medical documentation support the request and is complete. Roommate preferences cannot be guaranteed.

1. What is the medical problem and how severe is it?
   ____________________________________________________________________________________________________________
   ____________________________________________________________________________________________________________
   ____________________________________________________________________________________________________________

2. Describe the medical measures, including medication and dosages that are being employed to treat this problem?
   ____________________________________________________________________________________________________________
   ____________________________________________________________________________________________________________
   ____________________________________________________________________________________________________________

3. What is the specific housing need and why is it important in treating this problem?
   ____________________________________________________________________________________________________________
   ____________________________________________________________________________________________________________

In order to process this request, please attach recent clinical data documenting the medical problem.

Physician’s Signature: ___________________________ Date: ________________

Physician’s Name (Printed): ______________________________________________

Physician’s Address: _____________________________________________________

Signature
My signature below attests that the information provided on this form is true.

__________________________________________________________________________  ____________
Student’s Signature            Date

HOUSING REQUESTS ONLY: PLEASE SUBMIT THESE FORMS AND THE REQUIRED MEDICAL DOCUMENTATION TO THE OFFICE OF STUDENT & RESIDENTIAL LIFE
Administration Building Room 116

Copy OSA_________  Date: ________