



**Cooper Medical School  
of Rowan University**

# REQUIREMENTS FOR DISABILITY ACCOMMODATION

**PLEASE RETURN ALL DOCUMENTS TO:**

Marion Lombardi, EdD, Chief Student Affairs Officer  
Office of Student Affairs  
401 South Broadway, Suite 409  
Camden, NJ 08103  
[lombardim@rowan.edu](mailto:lombardim@rowan.edu)

Please allow up to 10 business days for review by the CMSRU Office of Student Affairs (OSA).  
An OSA disability services professional will contact you to schedule a meeting.



## **CMSRU Technical Standards Policy**

**PURPOSE:** To delineate the technical and behavioral requirements essential to the successful completion of the MD program at CMSRU.

**POLICY:** Technical Standards required for admission to and completion of the MD Degree

**SCOPE:** This policy applies to all applicants and medical students at CMSRU.

### **PROCEDURE:**

#### **1. TECHNICAL STANDARDS**

**Technical Standards** delineate the essential abilities and characteristics required for completion of the MD degree and are not intended to deter any students for whom reasonable accommodation will allow them to fulfill the requirements of the program. They consist of certain minimum physical and cognitive abilities and emotional characteristics to assure candidates for admission, promotion, and graduation are able to participate fully in all aspects of medical training with or without reasonable accommodation. The technical standards are annually approved by the Executive Council acting on behalf of the faculty. Each year students, by signing the CMSRU Student Handbook attestation, will review and attest to their continued ability to meet the technical standards with or without reasonable accommodations.

CMSRU applicants and students shall have the following abilities and skills:

**a. Observation:**

Students should be able to obtain information from demonstrations and experiments in the basic sciences. Students should be able to assess a patient and evaluate findings accurately. These skills require the use of vision, hearing, and touch or the functional equivalent.

**b. Communication:**

Students should be able to communicate with patients in order to elicit information, detect changes in mood, activity, and to establish a therapeutic relationship. Students should be able to communicate effectively and sensitively with patients and all members of the health care team both in person and in writing.

**c. Motor:**

Students should, after a reasonable period of time, possess the capacity to perform a physical examination and perform diagnostic maneuvers. Students should be able to execute some motor movements required to provide general care to patients and provide or direct the provision of emergency treatment of patients. Such actions require some coordination of both gross and fine muscular movements, balance, and equilibrium.

**d. Intellectual-Conceptual, Integrative and Quantitative Abilities:**

Students should be able to assimilate detailed and complex information presented in both didactic and clinical coursework and engage in problem solving. Candidates are expected to possess the ability to measure, calculate, reason, analyze, synthesize, and transmit information. In addition, students should be able to comprehend three-dimensional relationships and to understand the spatial relationships of structures and to adapt to different learning environments and modalities.

**e. Behavioral and Social Attributes:**

Students should possess the emotional health required for full utilization of their intellectual abilities, the exercise of good judgment, the prompt completion of all responsibilities attendant to the diagnosis and care of patients, and the development of mature, sensitive, and effective relationships with patients, fellow students, faculty, and staff. Students should be able to tolerate physically taxing workloads and to function effectively under stress. They should be able to adapt to changing environments, to display flexibility, and learn to function in the face of uncertainties inherent in the clinical problems of many patients. Compassion, integrity, concern for others, interpersonal skills, professionalism, interest, and motivation are all personal qualities that are expected during the education processes.

**f. Ethics and Professionalism:**

Students should maintain and display ethical and moral behaviors commensurate with the role of a future physician in all interactions with patients, faculty, staff, students and the public. The candidate is expected to understand the legal and ethical aspects of the practice of medicine and function within the law and ethical standards of the medical profession.

**2. COMMITMENT TO EQUAL ACCESS:**

CMSRU is committed to diversity and to attracting and educating students who will make the population of health care professionals' representative of the national population, including those with disabilities. As such, CMSRU actively collaborates with students to develop innovative ways to ensure accessibility and creates a respectful and accountable culture through our confidential and specialized disability support. Admitted students with disabilities are accommodated individually, on a case-by-case basis. We are committed to excellence in accessibility; we encourage students with disabilities to disclose and seek accommodations.

**3. REASONABLE ACCOMMODATIONS**

- a. CMSRU is committed to making reasonable accommodations for qualified students with disabilities who are able to fulfill the essential requirements and technical standards of CMSRU's program. We wish to ensure that access to our facilities, programs, and services are available to students with disabilities. CMSRU provides reasonable accommodations to students on a non-discriminatory basis consistent with legal requirements as outlined in the Americans with Disabilities Act (ADA) of 1990, the Americans with Disabilities Act Amendments ACT (ADAAA) of 2008, and the Rehabilitation Act of 1973.

Admitted candidates with disabilities are confidentially reviewed by the Office of Student Affairs to determine whether there are any reasonable accommodations or alternative mechanisms that would permit the candidate to satisfy the standards. This process is informed by the knowledge that students with varied types of disability have the ability to become successful health professionals. If you are an applicant with a disability who may require accommodations in our program we encourage you to contact Dr. Marion Lombardi at [lombardim@rowan.edu](mailto:lombardim@rowan.edu) or (856) 361-2805 for a confidential consultation.



## **GENERAL INFORMATION ON DISABILITIES**

### **What constitutes a disability?**

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A disability is defined as a physical, mental or emotional condition that affects one or more major life activities (such as processing information, writing, hearing, or seeing). Cooper Medical School of Rowan University (CMSRU) is mandated by federal law, Section 504 of the Rehabilitation Act of 1973 (<https://www.ada.gov/cguide.htm>), to ensure that:

**“No otherwise qualified individual with a disability in the United States ...shall, solely by reason of...disability, be denied the benefits of, be excluded from the participation in, or be subjected to discrimination under any program or activity receiving federal financial assistance.”**

### **What are the laws related to disabilities?**

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Section 504 protects the rights of qualified individuals who have disabilities; the law defines a “qualified person with a disability” as one “who meets the academic and technical standards requisite to admission or participation in the education program or activity.” Disabilities covered by legislation include (but are not limited to) AIDS, blindness, cancer, cerebral palsy, diabetes, epilepsy, head injuries, hearing disabilities, specific learning disabilities, loss of limb(s), multiple sclerosis, muscular dystrophy, emotional disabilities, speech disabilities, spinal cord injuries, and vision disabilities.

Under the provisions of Section 504 of the Rehabilitation Act of 1973, colleges and universities may not discriminate in the recruitment, admission, educational process, or treatment of students. Students who have self-identified, provided documentation of disability, and requested reasonable accommodations are entitled to receive approved modifications of programs, appropriate academic adjustments, or auxiliary aids that enable them to participate in and benefit from all educational programs and activities.

Section 504 of the Rehabilitation Act contains more specific information about compliance issues in post-secondary education than the American with Disabilities Act (ADA), which was signed into law in 1990. The ADA, however, did extend the law to cover public and private institutions of higher education and any other entities that receive funding. The ADA has also facilitated access to public services.

### **Accommodations**

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At CMSRU, disability services are provided by the Office of Student Affairs (OSA) for all students on the CMSRU Campus. The OSA facilitates Rowan University’s compliance with federal laws by providing services and appropriate/reasonable accommodations to students with disabilities. This does not mean excusing a person with a disability from clinical responsibilities or lowering expectations in the classroom, but rather allowing the student to use their abilities to assimilate information, perform class work, or function in the clinical environment.

A reasonable accommodation is a modification or adjustment to a course, program, service, job, activity, or facility that enables a qualified individual with a disability to have an equal opportunity to attain the same level of performance or to enjoy equal benefits and privileges as are available to an individual without a disability.

Accommodations are designed to lessen the effects of the disability and are required to provide fair and accurate testing to measure knowledge or expertise in the subject. In other words, the purpose is to adjust for the effect of the student’s disability, not to dilute academic requirements. The evaluation and assigning of grades should have the same standards for all students.

## Disability Services at CMSRU

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Although students are not required to identify themselves as having a disability, they are not eligible for services until they have done so. To request support or services at CMSRU, students must submit to the OSA the "Disability Resources Registration" form, along with documentation that supports the need for their requested accommodations. Written documentation should be no older than three years and any physical, cognitive and/or behavioral evaluations should be conducted by a licensed professional. Temporary disabilities require yearly updates.

Upon receipt of this information, an OSA staff member will meet with the student and establish what services may be provided. OSA staff determines appropriate academic adjustments and arranges to provide needed auxiliary aids. The process of requesting and receiving accommodations is interactive; all constituents--the student, the instructor, OSA and individual departments and programs--work together to make sure the process works. It is the responsibility of the OSA staff to determine eligibility for services based on documented disability and consultation with others as needed.

Accommodations are provided at no expense to the student and are based upon each individual's unique needs. CMSRU will accommodate educational and special individual needs to the extent possible. However, CMSRU does not provide personal devices, such as wheelchairs; individually prescribed devices, such as hearing aids; or services of a personal nature including assistance in eating, toiletries, dressing, or transportation for personal needs.

The Family Educational Rights Privacy Act (FERPA) regulates the disclosure of disability documentation maintained by disability services professionals. Cooper Medical School of Rowan University recognizes that student disability records are confidential and should be treated as such. As outlined in FERPA, information related to a student's disability needs can be disclosed to administration, faculty, and staff who have a legitimate educational interest, in order that a student may fully participate in the medical education program and complete all aspects of medical training. The amount of information released is determined on a case by case basis, in the context of the service(s) being coordinated.

For additional information on Disability Services at CMSRU, please contact the Office of Student Affairs at 856-361-2850 or [studentaffairs@coopermed.rowan.edu](mailto:studentaffairs@coopermed.rowan.edu).



## **REQUIREMENTS FOR DOCUMENTATION OF DISABILITY**

Students with disabilities who are seeking special services from Cooper Medical School of Rowan University must follow the procedures outlined below in order to receive accommodations under Section 504 of the Rehabilitation Act of 1973 and Americans with Disabilities Act of 1990.

### **Learning Disability**

Students are required to submit documentation to the Office of Student Affairs to verify eligibility to receive services. This documentation must be current (within five years), must be conducted by qualified professionals, and must include the following\*:

1. **Aptitude Assessment:** The Wechsler Adult Intelligence Scale-III is the preferred instrument. Group intelligence tests, the Slosson Intelligence Test and the Kaufman Brief Intelligence Test are **NOT** appropriate.
2. **Achievement Assessment:** Current levels of reading, mathematics, written language are required. Preferably, a certified Learning Disabilities Teacher/Consultant should administer tests. Acceptable instruments include the Woodcock-Johnson Psycho-Educational Battery-Revised or the Wechsler Individual Achievement Test for age appropriate students. The Wide Range Achievement Test is **NOT** a comprehensive measure of achievement.
3. **Information Processing:** Specific areas of information processing (e.g., short and long-term memory; sequential memory; auditory and visual perception/processing; processing speed, etc.) must be assessed. Information from subtests on the WAIS-III or the Woodcock-Johnson Tests of Cognitive Ability as well as other instruments relevant to the presenting learning problem(s) may be used to address these areas.

\* Students with ADD or ADHD are required to have their doctor complete a Rowan University ADHD verification form.

### **Psychological/Psychiatric Disorders**

Students are required to submit documentation to the Office of Student Affairs (OSA) to verify eligibility to receive services. The documentation must be current (within one year) and must include the following:

1. **Diagnosis:** A diagnosis must be given by a qualified professional (psychologist, counselor or psychiatrist) indicating the need for services.
2. **Treatment/Recommendations:** A program of treatment must be prescribed in order for CMSRU to provide appropriate accommodations.

### **All Other Disabling Conditions**

Students with disabilities other than those mentioned above must also submit documentation to the Office of Student Affairs to verify eligibility to receive services. The documentation must be from the physician who has diagnosed and treated the student. **The documentation must be current (within five years) and should be typewritten on the physician's letterhead and include the diagnosis, prognosis, and recommendations. The letter should certify the condition as a disability as defined in Section 504 of the Rehabilitation Act.** Temporary disabilities require yearly updated documentation. This information is required to develop an appropriate Accommodation Plan.



## Disability Resources Registration

Office of Student Affairs

401 South Broadway

Camden, NJ 08103

(P) 856-361-2850

(F) 856-361-2828

[studentaffairs@coopermed.rowan.edu](mailto:studentaffairs@coopermed.rowan.edu)

### I. PERSONAL INFORMATION

STUDENT NAME \_\_\_\_\_ Date of Birth \_\_\_\_\_ STUDENT BANNER ID # \_\_\_\_\_

I am a:            M1                    M2                    M3                    M4

STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
HOME PHONE

\_\_\_\_\_@ROWAN.EDU (\_\_\_\_\_) \_\_\_\_\_  
CMSRU EMAIL ADDRESS MOBILE PHONE

### II. DISABILITY INFORMATION

Please specify your diagnosis and provide a description of your condition.

Please describe the practical/functional limitations of your disability as it impacts your ability to function in an academic environment and in a health care work environment.

When were you first diagnosed with a disability?

Please list the accommodations you believe you will need at CMSRU. (e.g., test taking accommodations, books in an alternate format, sign-language interpreters).

Please describe any auxiliary aids, assistive technology and/or services that you anticipate using while attending CMSRU (e.g., service dog, personal assistant, wheelchair, adaptive technology).

**III. ACADEMIC HISTORY**

Standardized exams for which you received accommodations (List Accommodations)

Colleges/Universities attended (List disability accommodations and/or services used)

High School attended (List disability accommodations and/or services used)

I certify that the information provided on this form is accurate. I understand that to be eligible for disability services at Cooper Medical School of Rowan University, I must submit this completed form as well as disability documentation that is not older than five years and that substantiates the requested accommodations. I also agree to participate in a disability intake interview with an Office of Student Affairs (OSA) staff person. My signature authorizes OSA to contact the medical caregiver who provided the disability documentation if additional information or clarification is required.

Signature \_\_\_\_\_ Date \_\_\_\_\_

I, \_\_\_\_\_, hereby give my written consent for the Office of Student Affairs to release pertinent information (psychological, medical, and/or academic) to the CMSRU administrators, faculty and staff on an as needed basis.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**IMPORTANT: Please note that CMSRU's granting of accommodations DOES NOT imply or guarantee that students will receive accommodations through the National Board of Medical Examiners (NBME) for the USMLE licensing exams. The NBME has its own lengthy application process for accommodations that the student should initiate early in their second year of medical school.**





## **Verification of Medical Documentation for Disability Services**

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### **Student Section**

To determine eligibility for accommodations and support services, the CMSRU Office of Student Affairs (OSA) requires specific information from both you and your provider. You must complete the Student Section I, and your provider must complete Provider Section II. This entire verification form (all four pages) must be returned to the OSA before services can be provided. Be sure to sign the release of information authorization below giving the OSA permission to speak to your provider if there are questions related to your documentation.

#### **A. STUDENT INFORMATION**

STUDENT'S FULL NAME (PLEASE PRINT) \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ BANNER ID # \_\_\_\_\_

GENDER:    \_\_\_ Male    \_\_\_ Female

HOME ADDRESS: \_\_\_\_\_

CITY & STATE \_\_\_\_\_

ZIP \_\_\_\_\_

LOCAL ADDRESS: \_\_\_\_\_

CITY & STATE \_\_\_\_\_

ZIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_ LOCAL TELEPHONE/MOBILE \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

**B. RELEASE OF INFORMATION AUTHORIZATION**

I authorize the Office of Student Affairs to receive information from the provider listed below. I also authorize my provider to discuss my condition(s) with the Office of Student Affairs.

NAME OF PROVIDER \_\_\_\_\_

PROVIDER TELEPHONE \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

CITY & STATE \_\_\_\_\_

ZIP \_\_\_\_\_

STUDENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**CMSRU**  
**Office of Student Affairs**  
**401 South Broadway**  
**Camden, NJ 08103**  
**Phone (856) 361-2850**  
**Fax (856) 361-2828**  
[studentaffairs@coopermed.rowan.edu](mailto:studentaffairs@coopermed.rowan.edu)



Student Name \_\_\_\_\_ DOB \_\_\_\_\_ Banner ID # \_\_\_\_\_

## II. Provider Section

CMSRU provides accommodations and support services to students with diagnosed disabilities. A student's documentation regarding their condition must demonstrate they have a disability covered under the Americans with Disabilities Act (ADA, 1990) and Section 504 of the Rehabilitation Act (1973). To determine eligibility for services and accommodations, this office requires current and comprehensive documentation of the student's disorder from the treating physician (the provider completing this form cannot be a relative of the student). Specific information concerning the student's condition and its impact on learning must be provided. Items 1-8 must be completed in full. If the space provided is not adequate, please attach a separate sheet of paper. The provider may also attach a report providing additional related information.

### **A. PROVIDER QUESTIONNAIRE**

*Please respond to the following items regarding the student named above: (Please type or print)*

1. What is the student's diagnosis?
  - a. State the student's current symptoms that meet the criteria for this diagnosis.
  - b. State the age of onset of symptoms.
  - c. What is the severity of the condition?
  - d. State the frequency of your appointments with this student and the date of your last contact.
  
2. Describe the differential diagnoses that were excluded. State your reasons for considering these diagnoses, and your reasons for ruling them out.

3. (If diagnosis includes attentional difficulties) List and describe the measures/instruments used to support the student's attentional difficulties. (attach diagnostic report including scores). It is necessary that psychometric testing be utilized to demonstrate attentional disorders. Assessments should include evidence of ADHD from several tests rather than just one test. Examples of measures are: continuous performance tests, The Stroop Test, Visual Search and Attention Test or other cancellation tasks, Paced Auditory Serial Attention Test, Attentional Capacity Test, Working Memory Index (WAIS), Sentence Repetition, Symbol Digits Modalities Test, etc.

4. Describe the symptoms related to the student's condition that causes significant impairment in a major life activity.

5. List the student's current medication(s), dosages, frequency, and adverse side effects.

6. Does the student have a disability as a result of his/her condition? \_\_\_\_\_ Yes \_\_\_\_\_ No  
(Check "yes" if the student's condition requires accommodations.)

7. If yes, please state specific recommendations regarding accommodations for this student and a rationale as to why these accommodations are warranted based upon the student's functional limitations. Indicate why the accommodations you recommend are necessary.

8. If treatments (e.g., medications) are successful, why are the above accommodations necessary?

\_\_\_\_\_  
Provider's Signature

Date \_\_\_\_\_

Provider's Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number \_\_\_\_\_

**CMSRU**  
**Office of Student Affairs**  
**401 South Broadway**  
**Camden, NJ 08103**  
**Phone (856) 361-2850**  
**Fax (856) 361-2828**  
[studentaffairs@coopermed.rowan.edu](mailto:studentaffairs@coopermed.rowan.edu)



## Verification of Attention-Deficit Disorder (ADD)/ Attention-Deficit/Hyperactivity Disorder (ADHD)

Office of Student Affairs

401 South Broadway  
Camden, NJ 08103  
(P) 856-361-2850  
(F) 856-361-2828  
[studentaffairs@coopermed.rowan.edu](mailto:studentaffairs@coopermed.rowan.edu)

### I. Student Section

To determine eligibility for accommodations and support services, the CMSRU Office of Student Affairs requires specific information from both you and your provider. You must complete Student Section I, and your provider must complete Provider Section II. The entire verification form (all five pages) must be returned to the address listed above before services can be provided. Be sure to sign the release of information authorization below giving the Office of Student Affairs permission to speak to your provider if there are questions related to your documentation.

#### A. STUDENT INFORMATION

STUDENT'S FULL NAME (PLEASE PRINT)	DATE OF BIRTH		
BANNER ID NUMBER	GENDER:		
HOME ADDRESS	CITY	STATE	ZIP
LOCAL ADDRESS	CITY	STATE	ZIP
HOME TELEPHONE	LOCAL TELEPHONE		
E-MAIL ADDRESS			

#### B. RELEASE OF INFORMATION AUTHORIZATION

I authorize the CMSRU Office of Student Affairs to receive information from the provider listed below.

NAME OF PROVIDER	PROVIDER TELEPHONE		
ADDRESS	CITY	STATE	ZIP
STUDENT SIGNATURE	DATE		

Student Name \_\_\_\_\_ DOB \_\_\_\_\_ Banner ID# \_\_\_\_\_

**II. Provider Section**

The Cooper Medical School of Rowan University (CMSRU) provides accommodations and support services to students with diagnosed disabilities. A student’s documentation regarding their condition must demonstrate they have a disability covered under the Americans with Disabilities Act (ADA, 1990) and Section 504 of the Rehabilitation Act (1973).\* To determine eligibility for services and accommodations, this office requires current and comprehensive documentation of the student’s disorder from the diagnosing psychiatrist, psychologist or physician (the provider completing this form cannot be a relative of the student). Specific information concerning the student’s condition and its impact on learning must be provided. Items 1-8 must be complete in full. If the space provided is not adequate, please attach a separate sheet of paper. The provider may also attach a report providing additional related information.

**A. PROVIDER QUESTIONNAIRE**

Please respond to the following items regarding the student named above: (Please type or print)

1. What is the student’s DSM V diagnosis?

\_\_\_\_\_

a. How was this diagnosis arrived at? Please check and briefly discuss all relevant items below.

└ Interview with student:

\_\_\_\_\_

└ Interview with other person:

\_\_\_\_\_

└ Behavioral observations:

\_\_\_\_\_

└ Developmental history:

\_\_\_\_\_

└ Medical history:

\_\_\_\_\_

└ Educational history:

\_\_\_\_\_

└ Psycho-educational testing:

\_\_\_\_\_

└ Other (please specify)

\_\_\_\_\_

\* ADA and Sec. 504 define a disability as a physical or mental impairment that substantially limits one or more major life activities such as learning.

b State the student’s current symptoms that meet the criteria for this diagnosis.

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c. State the age of onset of symptoms described by DSM V.

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d. What is the severity of the condition?

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e. State the frequency of your appointments with this student and the date of your last contact.

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2. Describe the differential diagnoses that were excluded. State your reasons for considering these diagnoses, and your reasons for ruling them out.

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3. List and describe the measures/instruments used to support the student’s attentional difficulties. (Attach diagnostic report including scores). It is necessary that psychometric testing be utilized to demonstrate attentional disorders. Assessments should include evidence of ADHD from several tests rather than just one test. Examples of measures are: continuous performance tests, The Stroop Test, Visual Search and Attention Test or other cancellation tasks, Paced Auditory Serial Attention Test, Attentional Capacity Test, Working Memory Index (WAIS), Sentence Repetition, Symbol Digits Modalities Test, etc.

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4. Describe the symptoms related to the student’s condition that causes significant impairment in a major life activity.

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5. What symptoms cause impairment in two or more settings (e.g., work, home, school)?

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6. List the student’s current medication(s), dosages, frequency, and adverse side effects.

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\* ADA and Sec. 504 define a disability as a physical or mental impairment that substantially limits one or more major life activities such as learning.

7. Please complete each check box (and provide specific information if necessary) regarding the academic limitations and severity of symptoms this student's encounters:

<b>ACTIVITY</b>	<b>NO LIMITATION</b>	<b>MODERATE LIMITATION</b>	<b>SUBSTANTIAL LIMITATION</b>	<b>DON'T KNOW</b>
Attention to detail / accuracy of work				
Sustaining attention				
Listening comprehension				
Completing tasks independently				
Sustained mental effort				
Organization				
Distractibility				
Memory				
Restlessness				
Impulsiveness				
Time Management				
Mathematics				
Reading				
Writing				
Other (please specify)				

8. Does the student have a disability\* as a result of his/her condition? Yes\_\_\_\_\_ No\_\_\_\_\_ (Check "yes" if the student's condition requires accommodations.)

\* ADA and Sec. 504 define a disability as a physical or mental impairment that substantially limits one or more major life activities such as learning.



9. If yes, please state specific recommendations regarding accommodations for this student and a rationale as to why these accommodations are warranted based upon the student's functional limitations. Indicate why the accommodations you recommend are necessary.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. If treatments (e.g., medications) are successful, why are the above accommodations necessary?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**B. PROVIDER CONTACT INFORMATION**

_____ PROVIDER NAME AND TITLE			
_____ PROVIDER SIGNATURE		_____ DATE	
_____ PROVIDER LICENSE NUMBER		_____ ISSUING STATE	
_____ PROVIDER ADDRESS		_____ CITY	_____ STATE      _____ ZIP CODE
_____ PROVIDER TELEPHONE		_____ PROVIDER FAX NUMBER	

\* ADA and Sec. 504 define a disability as a physical or mental impairment that substantially limits one or more major life activities such as learning.



## CONSENT FOR RELEASE OF INFORMATION

### Office of Student Affairs

401 South Broadway

Camden, NJ 08103

(P) 856-361-2850

(F) 856-361-2828

[studentaffairs@coopermed.rowan.edu](mailto:studentaffairs@coopermed.rowan.edu)

I, \_\_\_\_\_, hereby give my written consent for the Cooper Medical School of Rowan University (CMSRU) Office of Student Affairs (OSA) to receive and review my disability records/supporting documentation. The Family Educational Rights Privacy Act (FERPA) regulates the disclosure of disability documentation maintained by disability services professionals. Cooper Medical School of Rowan University recognizes that student disability records are confidential and should be treated as such. As outlined in FERPA, information related to a student's disability needs can be disclosed to administration, faculty, and staff who have a legitimate educational interest, in order that a student may fully participate in the medical education program and complete all aspects of medical training. The amount of information released is determined on a case by case basis, in the context of the service(s) being coordinated.

I further release all parties stated herein from any legal liability resulting from the release of this information, with the understanding that all parties involved will exercise sufficient safeguards while using this information.

I am aware that CMSRU will accommodate my educational and special individual needs to the extent possible. However, I am aware that CMSRU does not provide personal devices or individually prescribed devices (e.g. wheelchairs, hearing aids), or services of a personal nature, including assistance in eating, toiletries, dressing, or transportation for personal needs. Should I require these services, I understand it is my responsibility to provide for my own assistance.

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Banner ID #

\_\_\_\_\_  
Date