

CERTIFICATION

The information provided in this document is for the exclusive use of the administrative official of the Inter American University of Puerto Rico at the School of Law responsible for the processing of students' requests for services concerning reasonable accommodation as defined by the laws that protects the rights of persons with disabilities and for the coordination of such services.

The professional signing this document must be the Health Professional or the Rehabilitation Counselor that has treated or provides services to the student for the condition or conditions related to the services and accommodations requested. This professional should not be related to the student either within the fourth degree due to consanguinity or within the second degree due to affinity. Additionally, if there is a need for clarification, he or she should be available to provide supplementary information. This Institution guarantees that it will receive and guard the provided information as confidential.

A. Information of the Professional.

1. Name of the professional: _____
2. Profession / Specialty: _____
3. Office's address: _____
and phone number: _____
4. Years in the profession: _____
5. License's number: _____

B. Information related to the student's condition and or disability

1. Name of patient // student: _____

2. Identify the condition(s) and/or disabilities of the student. Briefly describe the way the condition(s) affects or limits at least one of the student's principal daily activities.

3. Identify the diagnosis or probable diagnosis related to the student's condition. If applicable, please include the corresponding codification.

4. State the date when you started offering services and / or treatment and / to the student regarding the above stated condition or conditions.

5. Identify the medication(s) and/or therapy used on a regular basis by the student on account of his/her conditions or disabilities.

6. Identify situations or circumstances, if any that trigger or intensify the symptoms of the student's disability or condition.

7. In your professional judgment, identify the accommodation or accommodations required to overcome the barriers due to the student's condition(s). Please be as specific as possible, especially if there is a relationship between the condition and the demonstration of knowledge and/or skills.

8. Explain the reason or reasons for such accommodation(s).

9. Any other comment(s).

The person signing this document states that on regular basis or because of an emergency, he or she has provided treatment to this student because of his or her condition or disability. In addition, that the indicated diagnosis has been established on clear evidence and duly documented. Finally, the person signing this document has the training and skills that qualify him or her to establish such diagnosis.

Date: _____
 month day year

Sign: _____