

New Mexico Highlands University

Disability Documentation Requirements

STUDENTS PLEASE READ THIS LETTER COMPLETELY

In order to receive academic accommodations during your attendance at New Mexico Highlands University you must supply appropriate clinical documentation of your disability. In evaluating your documentation, Highlands has adopted standards utilized by Association of Higher Education and Disability (AHEAD) member institutions. Failure to supply appropriate medical documentation will result in your application for services be denied. Please note that high school IEP's alone are never sufficient to document a disability.

All students must submit the attached Medical Certification form, completed by an appropriate and qualified health care services provider.

For students with **Learning Disabilities**, the Medical Certification form must be accompanied by a full diagnostic evaluation completed by a licensed neuro-psychologist or psychologist trained in the assessment of learning disabilities. This evaluation must have occurred within the last three years and must clearly state that (a) a learning disability exists, (b) the nature of the learning disability, (c) the test utilized to diagnosis the learning disability and (d) accommodations required.

For students with **psychological, emotional, and psychiatric disabilities**, the Medical Certification form must be accompanied by an evaluation by a licensed psychologist or psychiatrist based on the current DSM manual. The evaluation must have occurred within the last year and clearly indicate (a) the DSM code for disability (b) the severity and length of the disability, (c) the current course of the treatment, (d) any medication prescribed, and (e) accommodations required.

For students with **physical disabilities**, a diagnosis from the current ICD from a physician is required. For students with **audio disabilities**, this form must be accompanied by a current audiogram from an ENT or Audiologist.

MEDICAL CERTIFICATION

Student/Patient Name _____

1. Date Condition Commenced: _____

2. Probable Duration of Condition: _____

3. Does this condition **substantially limit** the employee/patient in any major life activity(ies)? If yes, please indicate and describe limitation:

walking _____

sitting _____

speaking _____

breathing _____

performing manual tasks _____

seeing _____

hearing _____

learning _____

caring for himself/herself _____

problems with major bodily functions _____

concentrating or thinking

working (describe effect of condition on ability to work in general)

____ other (describe)

4. In your opinion, is the Student's condition temporary or permanent:

Permanent _____

Temporary _____ For how long? _____

5. When did you last see the student for this condition? - / ____ / ____

Is the student currently under your care? Yes No

6. Is student otherwise qualified to participate in his/her academic program, i.e. can he or she meet the same academic or behavioral standards as others, with or without a reasonable accommodation?

NO

YES

8. In your opinion, does the student pose a significant risk to the health or safety of himself or herself or of others at the University? _____ Yes _____ No

If the answer to # 8 above is Yes, please state whether this risk can be eliminated through accommodation(s), if any (including medication) and describe the accommodation(s).

I hereby certify that the information provided above is true and correct to the best of my knowledge.

Please upload this form in the online application:
<https://apply.nmhu.edu/register/disabilityservices>

Or: Return Completed form to:

New Mexico Highlands University
ACCESS Coordinator of Disability Services
PO Box 9514

Las Vegas , New Mexico
87701

Practitioner's signature and date

Name (print) and Specialty

Business Address

City

State

Zip

Phone# and E-mail